



FORM
GD1
(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

'12 JUN 13 P12:08

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

Last Name	First Name	M.I.
Quiogue, Ahlani K.		
State Agency DCCA-PVLD	State Position	Executive Officer

CONTACT INFORMATION

Number and Street or P.O. Box		
335 Merchant St., Room 343		
City	State	Zip Code
Honolulu	Hawaii	96813
Telephone 586-2699	Extension	Email Address ahlani.k.quiogue@dcca.hawaii.gov

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Federation of State Medical Boards Date Received: May 2012
 Gift (Description): airfare, lodging, and meals Value/Cost: \$1,667.42
2. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
3. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
4. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Ahlani K. Quiogue
Signature

6/8/2012
Date