FORM
GD1
(Rev. 5/2012)

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HAWAII STATE ETHICS COMMISSION
GIFTS DISCLOSURE STATEMENT

(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 YAMANE First Name BRIAN M.I. Y

State Agency Legislature State Position

CONTACT INFORMATION

Number and Street or P.O. Box 939 19th AVE.

City Honolulu State Hawaii Zip Code 96816

Telephone 808-737-3916 Extension Email Address

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: Meadow Gold Dairies Date Received: March-2012
   Gift (Description): Golf entry fee Value/Cost: 250.00
2. Donor: Amount returned via check ~~Date Received:~~ 6/30/12
   Gift (Description): copy attached 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.

Brian Y Yamane 7/5/12
Signature Date

REC'D BY HAND DELIVERY