



FORM
GD1
(Rev. 5/2012)



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)

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STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

Kauhane-Taka	Michelle	K
Last Name	First Name	M.I.
Department of Hawaiian Home Lands	Deputy Director	
State Agency	State Position	

CONTACT INFORMATION

Michelle K. Kauhane-Taka

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Number and Street or P.O. Box

Kapolei HI 96707

City State Zip Code

(808) 620-9503 michelle.k.kauhane@hawaii.gov

Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: N/A Date Received: _____
Gift (Description): _____ Value/Cost: _____
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.

Signature

6/12/2012

Date

RECEIVED BY U.S. MAIL