



FORM  
GD1  
(Rev. 5/2012)



# HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

12 JUN 28 P1:39

(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

|                                    |                         |      |
|------------------------------------|-------------------------|------|
| Takata                             | Kevin                   | K    |
| Last Name                          | First Name              | M.I. |
| Department of the Attorney General | Deputy Attorney General |      |
| State Agency                       | State Position          |      |

### CONTACT INFORMATION

333 Queen Street, 2nd Floor

Number and Street or P.O. Box

|          |       |          |
|----------|-------|----------|
| Honolulu | HI    | 96813    |
| City     | State | Zip Code |

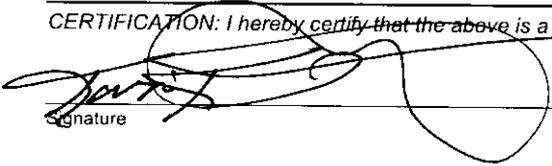
|           |                           |
|-----------|---------------------------|
| 586-1171  | Kevin.K.Takata@hawaii.gov |
| Telephone | Email Address             |

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Conference of Western Attorney Generals Date Received: November 2011  
 Gift (Description): Travel, lodging and meal expenses Value/Cost: \$2,000
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

6/27/2011  
 \_\_\_\_\_  
 Date

RECEIVED BY U.S. MAIL