



FORM
GD1
(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

12 JUN 26 P1:20

(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

Donovan III
Last Name

James
First Name

J
M.I.

University of Hawaii at Manoa
State Agency

Director of Athletics
State Position

CONTACT INFORMATION

(Personal residence)

1445 Malo's Pl.

Number and Street or P.O. Box

Honolulu

City

HI

State

96825

Zip Code

396-2309 (Hm) 956-7301 (wk)

Telephone

Extension

Email Address

jdonovan@hawaii.edu

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): **NONE** Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- 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

6/21/12
Date

RECEIVED BY U.S. MAIL