



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

GRUNE	Murray	R
Last Name	First Name	M.I.
Department of Transportation	Deputy Director - Harbors Division	
State Agency	State Position	

CONTACT INFORMATION

State of Hawaii, Department of Transportation, Harbors Division

Number and Street or P.O. Box

79 S. Nimitz Highway **HI** **96813**

City State Zip Code

(808) 587-3651 **randy.grune@hawaii.gov**

Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: N/A Date Received: N/A
Gift (Description): _____ Value/Cost: 0.00
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

REC'D BY STATE MESSENGER