

ORIGINAL



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

Loke	Matthew	K
Last Name	First Name	M.I.
Department of Agriculture	Administrator	
State Agency	State Position	

CONTACT INFORMATION

1428 South King Street

Number and Street or P.O. Box

Honolulu	HI	96814
City	State	Zip Code

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Telephone	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: The Kohala Center Date Received: 07/29/2011
 Gift (Description): R/T Airfare - Hnl to Kona - Meeting & Presentation Value/Cost: \$176.16
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.

Matthew Loke
Signature

6/29/2012
Date

REC'D BY HAND DELIVERY