



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
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# 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)

**FILER**

Ihara	Jr.	Les	S.
Last Name		First Name	M.I.
Hawaii State Senate		State Senator	
State Agency		State Position	

**CONTACT INFORMATION**

Les Ihara, Jr.  
 415 S. Beretania Street, Room 220  
 Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
586-6250	senihara@capitol.hawaii.gov	
Telephone	Extension	Email Address

**GIFT INFORMATION** (LIST EACH GIFT SEPARATELY)

- Donor: National Center for Learning and Citizenship Date Received: April 19, 2012  
 Gift (Description): stipend for 6/8/12 conference in Simi Valley, CA Value/Cost: \$600.00
- Donor: University of Hawaii Foundation Date Received: October 6, 2012  
 Gift (Description): one night stay at Aston Waikiki Beach Hotel Value/Cost: \$160.00
- Donor: University of Hawaii Foundation Date Received: October 6, 2012  
 Gift (Description): dinner and lunch at Aston Waikiki Beach Hotel Value/Cost: \$40.00
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

**FILER**

<u>Les S. Ihara, Jr.</u>	<u>6/12/2013</u>
Print Name of Filer (First M.I. Last)	Date (m/d/yyyy)

**CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.