



FORM
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(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

Yamashita	Barbara	A
Last Name	First Name	M.I.
Department of Human Services	Deputy Director	
State Agency	State Position	

CONTACT INFORMATION

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Number and Street or P.O. Box

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City	State	Zip Code
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Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: National Governor's Association Date Received: 9/14/12
 Gift (Description): Round Trip Airfare Honolulu to New Orleans Value/Cost: \$731.00
- Donor: National Governor's Association Date Received: 9/14/12
 Gift (Description): Lodging (3 nights) Value/Cost: \$348.00
- Donor: National Governor's Association Date Received: 10/01/12
 Gift (Description): Ground transportaion reimbursement Value/Cost: \$80.00
- Donor: National Governor's Association Date Received: 10/01/12
 Gift (Description): Perdiem for travel day (New Orleans) Value/Cost: \$58.00
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

Barbara A. Yamashita	06/24/2013
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.