



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

MATSUDA	Thomas	J.
Last Name	First Name	M.I.
Office of the Governor		ACA Implementation Manager
State Agency		State Position

CONTACT INFORMATION

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Number and Street or P.O. Box		
Honolulu	HI	96813
City	State	Zip Code
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Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|---|---|
| 1. | Donor: <u>National Governors Association</u> | Date Received: <u>March 10-12, 2013</u> |
| | Gift (Description): <u>Conference hotel charges</u> | Value/Cost: <u>\$444.54</u> |
| 2. | Donor: <u>National Governors Association</u> | Date Received: <u>March 10-12, 2013</u> |
| | Gift (Description): <u>Round trip airfare to Baltimore for conference</u> | Value/Cost: <u>est. 1,500</u> |
| 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

FILER

<u>Thomas J. Matsuda</u>	<u>6/24/2013</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.