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(Rev. 5/2013)

Hawaii State Ethics Commission Received  
7/1/2013 8:06:02 AM



# 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

Oyadomari-Chun

Tammi

J

Last Name

First Name

M.I.

GOV

Policy Analyst

State Agency

State Position

### CONTACT INFORMATION

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Telephone

Extension

Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: State of Hawaii Dept of Education Date Received: 6/25/13-6/29/13  
 Gift (Description): Travel to DC (Race to the Top) Value/Cost: \$2500 est
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

### FILER

Tammi J. Oyadomari-Chun

7/1/2013

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.