



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

| | | |
|--------------------------|------------|----------------|
| ING | MARK | K |
| Last Name | First Name | M.I. |
| House of Representatives | | Representative |
| State Agency | | State Position |

CONTACT INFORMATION

Representative Mark Kaniela Ing
 Room 311, The State Capitol, 415 South Beretania Street
 Number and Street or P.O. Box

| | | |
|----------------|---------------------------|---------------|
| Honolulu | Hi | 96813 |
| City | State | Zip Code |
| (808) 586-8525 | reping@capitol.hawaii.gov | |
| Telephone | Extension | Email Address |

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | | |
|---------------------|--|----------------|--------------------------|
| 1. Donor: | <u>Street Bikers United Hawaii</u> | Date Received: | <u>January 18, 2013</u> |
| Gift (Description): | <u>Large fruit basket</u> | Value/Cost: | <u>\$50- 60.00</u> |
| 2. Donor: | <u>Mark Kaniela Ing's Family</u> | Date Received: | <u>January 16, 2013</u> |
| Gift (Description): | <u>Manju and mochi (Maui specialties)</u> | Value/Cost: | <u>\$30-50.00</u> |
| 3. Donor: | <u>Watanable, Ing</u> | Date Received: | <u>Jan.-Feb., 2013</u> |
| Gift (Description): | <u>Box of brownies</u> | Value/Cost: | <u>\$30.00</u> |
| 4. Donor: | <u>Ms. Colette Machado, OHA</u> | Date Received: | <u>February 06, 2013</u> |
| Gift (Description): | <u>Baibala Hemolele (Hawaiian Bible)</u> | Value/Cost: | <u>\$26.00</u> |
| 5. Donor: | <u>Mr. Gary Sloven, for Ashford, Wriston</u> | Date Received: | <u>January 18, 2013</u> |
| Gift (Description): | <u>Box of Honolulu cookies</u> | Value/Cost: | <u>\$25-30.00</u> |

Check here if additional sheets are attached

FILER

| | |
|---------------------------------------|------------------|
| <u>Mark Kaniela Ing</u> | <u>7/01/2013</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.