



**FORM
GD1**
(Rev. 5/2013)

Hawaii State Ethics Commission Received
7/8/2013 8:59:34 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

Fuddy	Loretta	J
Last Name	First Name	M.I.
Department of Health	Director	
State Agency	State Position	

CONTACT INFORMATION

Department of Health
 Number and Street or P.O. Box
 1250 Punchbowl St. HI 96813
 City State Zip Code
 586-4410 loretta.fuddy@doh.hawaii.gov
 Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Assoc. of State & Territorial Health Officials Date Received: Septemeber 1012
 Gift (Description): Travel expenses for Policy & Annual Meeting Value/Cost: \$2,058
2. Donor: Assoc of State & Territorial Health Officials Date Received: December 2012
 Gift (Description): Travel expense for Annual Directors' Retreat Value/Cost: \$1,276
3. Donor: Assoc of State & Territorial Health Officials Date Received: March 2013
 Gift (Description): Directors' Leadership Conference & Training Value/Cost: \$2,104
4. Donor: Assoc of State & Territorial Health Officials Date Received: April 2013
 Gift (Description): Travel expense Director's Health Equity Meeting Value/Cost: \$1,992
5. Donor: Assoc of State & Territorial Health Officials Date Received: May 2013
 Gift (Description): Travel Expense State Innovation Grantee Mtg Value/Cost: \$1,726

Check here if additional sheets are attached

FILER

<u>Loretta Fuddy</u>	<u>July 5,2013</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.

GIFTS DISCLOSURE STATEMENT FORM – ADDITIONAL SHEET

Name: Loretta Fuddy Date: 7/5/2013 Page 2 of 2

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: National Governors' Associaton Date Received: June 2013
Gift (Description): Travel expense Manage State Employee Health Progr Value/Cost: \$2,106
- Donor: _____ Date Received: _____
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