



FORM
GD1
(Rev. 5/2012)



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)

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FILER

STATE OF HAWAII
STATE ETHICS COMMISSION

Last Name **Jay** First Name **Ben** M.I. **C**

State Agency **University of Hawaii Manoa** State Position **Director of Athletics**

CONTACT INFORMATION

Number and Street or P.O. Box **1288 Kapiolani Blvd. #2108**

City **Honolulu** State **HI** Zip Code **96814**

Telephone **614-483-2357** Extension _____ Email Address **benjay@hawaii.edu**

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- 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

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Signature

Date