



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)

'13 JUN -4 P2:59

STATE OF HAWAII  
STATE ETHICS COMMISSION

**FILER**

Martinson

Eric

K

Last Name

First Name

M.I.

University of Hawaii Board of Regents

Chair

State Agency

State Position

**CONTACT INFORMATION**

2444 Dole Street, Bachman 209

Number and Street or P.O. Box

Honolulu

HI

96822

City

State

Zip Code

956-8213

bor@hawaii.edu

Telephone

Extension

Email Address

**GIFT INFORMATION (LIST EACH GIFT SEPARATELY)**

1. Donor: NONE 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.

*Eric Martinson*

Signature

6/1/2013

Date