



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 12 P3:54

STATE OF HAWAII  
STATE ETHICS COMMISSION

**FILER**

|  |                   |      |
|--|-------------------|------|
| OTA  | Saedene           |      |
| Last Name                                      | First Name        | M.I. |
| University of Hawai'i--Board of Regents Office | University Regent |      |
| State Agency                                   | State Position    |      |

**CONTACT INFORMATION**

University of Hawai'i--Board of Regents Office  
 2444 Dole Street, Bachman Hall 209  
 Number and Street or P.O. Box

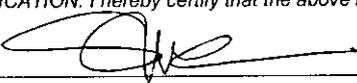
|                |                |               |
|----------------|----------------|---------------|
| Honolulu       | HI             | 96822         |
| City           | State          | Zip Code      |
| (808) 956-8213 | bor@hawaii.edu |               |
| Telephone      | Extension      | Email Address |

**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.

|   |             |
|---|-------------|
|  | 6 / 10 / 13 |
| Signature   | Date        |

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