



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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STATE OF HAWAII  
STATE ETHICS COMMISSION

**FILER**

SHIGEMOTO Tom  
Last Name First Name M.I.  
University of Hawai'i--Board of Regents Office University Regent  
State Agency State Position

**CONTACT INFORMATION**

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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)**

*No gifts to report for 2012-2013 school year.*

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.

*Tom Shigemoto*  
Signature

06/10/13  
Date