



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 27 P3:33

STATE OF HAWAII  
STATE ETHICS COMMISSION

**FILER**

SULLIVAN

Jan

N.

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

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Number and Street or P.O. Box

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HI

96822

City

State

Zip Code

(808) 956-8213

bor@hawaii.edu

Telephone

Extension

Email Address

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

1. Donor: N/A 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

06/24/13

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