



FORM
GD1
(Rev. 5/2013)



**HAWAII STATE ETHICS COMMISSION
GIFTS DISCLOSURE STATEMENT**

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(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)

FILER

Kouchi

Ronald

STATE OF HAWAII
STATE ETHICS COMMISSION
D.

Last Name

First Name

M.I.

Hawaii State Legislature

State Senator District 8

State Agency

State Position

CONTACT INFORMATION

Hawaii State Capitol

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City

State

Zip Code

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Telephone

Extension

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: NCLS Joint Caucus Meeting Date Received: Aug. 3-5, 2012
 Gift (Description): Airfare change fee, taxi fee, 1 night hotel fee Value/Cost: \$678.64
2. Donor: CSG WEST Western Leg. Academy Date Received: Nov. 12-18, 2012
 Gift (Description): Lodging/Meals/Registration/Ground Trans Value/Cost: @\$2,500
3. Donor: NCSL Health Symposium for NAPACSL Date Received: Nov. 27-Dec.4, 2012
 Gift (Description): Airfare/Lodging/Meals Value/Cost: \$1,428.52
4. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

Ronald D. Kouchi

6/24/2013

Print Name of Filer (First M.I. Last)

Date (m/d/yyyy)

CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.