

EMAIL



FORM
GD1
(Rev. 5/2013)



**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)

STATE OF HAWAII
STATE ETHICS COMMISSION

13 JUN 28 10:58

FILER

LINDSEY, JR.

Last Name

STATE OF HAWAII
STATE ETHICS COMMISSION

ROBERT

First Name

K
M.I.

OFFICE OF HAWAIIAN AFFAIRS

State Agency

TRUSTEE

State Position

CONTACT INFORMATION

711 KAPIOLANI BOULEVARD

SUITE #1250

Number and Street or P.O. Box

HONOLULU

City

HI

State

96813

Zip Code

(808) 594-1855

Telephone

Extension

robertl@oha.org

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: NOT APPLICABLE 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

FILER

ROBERT K LINDSEY, JR.

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

6/28/2013

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.