



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)

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FILER

Brower
Last Name

Tom
First Name

STATE OF HAWAII
STATE ETHICS COMMISSION
M
M.I.

Hawaii State Capitol
State Agency

State Representative
State Position

CONTACT INFORMATION

Hawaii State Capitol

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Number and Street or P.O. Box

Honolulu

HI

96813

City

State

Zip Code

586-8520

repbrower@capitol.hawaii.gov

Telephone

Extension

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: NO GIFTS TO DECLARE 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

Tom Brower

6/30/2013

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.

REC'D BY HAND DELIVERY