



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

Last Name GREEN First Name Joshua State Agency State Senate State Position State Senator

STATE OF HAWAII STATE ETHICS COMMISSION M.I. B

CONTACT INFORMATION

Number and Street or P.O. Box Josh Green POB 487 KAILUA-KONA HI 96745 City State Zip Code

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GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: NO GIFTS RECEIVED 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

Joshua Green Josh Green 6/29/13 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.