



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)

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<b>FILER</b>		STATE OF HAWAII
CARLSON	Carl	STATE ETHICS COMMISSION
Last Name	First Name	A.
University of Hawai'i--Board of Regents Office	University Regent	M.I.
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

Honolulu HI 96822

City State Zip Code

(808) 956-8213 bor@hawaii.edu

Telephone Extension Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

*None to report*

1. Donor: \_\_\_\_\_ 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.

*Carl O. Carlson*  
Signature

8/29/2013  
Date

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