



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
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# 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)

## FILER

Hipp	David	E
Last Name	First Name	M.I.
Office of Youth Services, DHS	Executive Director	
State Agency	State Position	

## CONTACT INFORMATION

707 Richards St., Suite 525

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
808-587-5710	dhipp@dhs.hawaii.gov	
Telephone	Extension	Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: The Pew Charitable Trusts Date Received: 07/09/13 - 07/13/13  
Gift (Description): Travel/room/board for Juv. Justice Forum - ATL Value/Cost: \$2,020
- Donor: Council of Juvenile Correctional Administr. Date Received: 01/29/14 - 02/03/14  
Gift (Description): Travel/room/board for Juv. Justice Forum - TPA Value/Cost: \$1,950
- Donor: The National Center for State Courts Date Received: 5/21/14 - 5/24/14  
Gift (Description): Travel/room/board for Juv. Justice Forum - SEA Value/Cost: \$1,360
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

## FILER

David E. Hipp	6/2/2014
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.