



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/5/2014 11:53:02 AM



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

Morikawa	Daynette "Dee"	S.P.
Last Name	First Name	M.I.
Legislature	State House, District 16	
State Agency	State Position	

CONTACT INFORMATION

Hawai'i State Capitol
 415 South Beretania Street
 Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code

Telephone	Extension	Email Address
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GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|--|-----------------------------------|
| 1. | Donor: Republic of China (Taiwan) | Date Received: 05/08 - 05/14/2014 |
| | Gift (Description): Transportation and Lodging for trip to Taiwan | Value/Cost: \$4,179.93 |
| 2. | Donor: Kauai Coffee Company, LLC | Date Received: 05/05/2014 |
| | Gift (Description): 12 box sets of Kauai Coffee for Taiwan officials | Value/Cost: \$522.00 |
| 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

Daynette S.P. Morikawa	06/05/2014
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.