



FORM  
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(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/9/2014 4:20:58 PM



# 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

Oberg	Steven	R
Last Name	First Name	M.I.
DCCA/PVL Board of Accountancy		Board of Accountancy member
State Agency		State Position

### CONTACT INFORMATION

4473 Pahee St. #P		
Number and Street or P.O. Box		
Lihue	HI	96766
City	State	Zip Code
8082469422	steve@obergfree.com	
Telephone	Extension	Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: NASBA Date Received: 8-1-2013  
 Gift (Description): Travel & lodging reimbursement-conference Value/Cost: 1616.55
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

<u>Steven R. Oberg</u>	<u>6/9/2014</u>
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.