



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/10/2014 9:46:05 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

Kaneshiro	Altair	C
Last Name	First Name	M.I.
University of Hawaii	Enterprise Operations	
State Agency	State Position	

CONTACT INFORMATION

2465 Campus Road		
Number and Street or P.O. Box		
Honolulu	HI	96822
City	State	Zip Code
808-956-4301	altair@hawaii.edu	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: D&H Distributing Co. Date Received: 6/17/2013
 Gift (Description): Round trip airfare-Honolulu to Harrisburg, PA Value/Cost: \$1200
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

Altair C Kaneshiro	6/10/2014
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.