



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/12/2014 9:26:02 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

Goode	David	C
Last Name	First Name	M.I.
Board of Land and Natural Resources	Boardmember	
State Agency	State Position	

CONTACT INFORMATION

73 Kaalele Place

Number and Street or P.O. Box

Kula	HI	96790
City	State	Zip Code
808-281-2066	davidgoode12@hotmail.com	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: None 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

FILER

David Goode	6/12/2014
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.