



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/12/2014 11:00:04 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

James	Carmyn	R
Last Name	First Name	M.I.
University of Hawaii - Department of Athletics	Head Coach - CC/T&F	
State Agency	State Position	

CONTACT INFORMATION

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808-956-2143	carmyn@hawaii.edu	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

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Check here if additional sheets are attached

FILER

Carmyn James	06/12/2014
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.