



FORM
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(Rev. 5/2013)

Hawaii State Ethics Commission Received
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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

Yee	Bryan	C.
Last Name	First Name	M.I.
Dept. of the Attorney General		Deputy Attorney General
State Agency		State Position

CONTACT INFORMATION

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Honolulu, HI 96813

Number and Street or P.O. Box

City	State	Zip Code
586-0936	Bryan.C.Yee@hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|---|---|
| 1. | Donor: <u>George Mason University School of Law</u> | Date Received: <u>09/29/13 - 10/02/13</u> |
| | Gift (Description): <u>Ground/Air Transportation to/fr. Arlington</u> | Value/Cost: <u>\$916.61</u> |
| 2. | Donor: <u>George Mason University School of Law</u> | Date Received: <u>09/29/13 - 10/02/13</u> |
| | Gift (Description): <u>Meals</u> | Value/Cost: <u>\$100.00</u> |
| 3. | Donor: <u>George Mason University School of Law</u> | Date Received: <u>09/29/13 - 10/02/13</u> |
| | Gift (Description): <u>Lodging</u> | Value/Cost: <u>\$400.00</u> |
| 4. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |
| 5. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |

Check here if additional sheets are attached

FILER

Bryan C. Yee	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.