



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/20/2014 1:36:15 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

Glaus	Wendy	M
Last Name	First Name	M.I.
Board of Accountancy	Member	
State Agency	State Position	

CONTACT INFORMATION

1910 Naio Street

Number and Street or P.O. Box

Honolulu	HI	96817
City	State	Zip Code
808-381-7521	wendy@sterlingandtucker.com	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: National Ass of State Board of Accountancy Date Received: 6/30/13
Gift (Description): hotel 4 nights Value/Cost: \$695.00
- Donor: National Ass of State Board of Accountancy Date Received: 6/30/13
Gift (Description): airfare Value/Cost: \$1,158.34
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

Wendy Miki Glaus	6/20/2014
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.