

FORM GD1 (Rev. 5/2013)

Hawaii State Ethics Commmission Received 6/26/2014 3:14:09 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)

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FILER				
English	J. Kalani			
Last Name	First Name		M.I.	
Hawaii State Senate	Sei	nator		
State Agency	State	Position		
CONTACT INFORMATION				
P.O. Box 267				
Number and Street or P.O. Box				
Hana	HI		96713	
City	State		Zip Code	
587-7225	senenglish@capi		•	
Telephone Extension	Email Address	3		
GIFT INFORMATION (LIST EACH GIFT SEPARATEL				
1. Donor: The Republic of China (Taiwa	Republic of China (Taiwan) MOFA Date Received: Airfare, hotel and ground transportation		2013	
Gift (Description): Airfare, hotel and gro			\$5,000	
2. Donor: Pacifica Institute		te Received: 11/22-12	2/3/2013	
Gift (Description): Hotel, meals and group	und transportation	Value/Cost	\$1,500	
3. Donor:				
Gift (Description):		Value/Cost	:	
4. Donor:	Da	ite Received:		
Gift (Description):		Value/Cost	:	
5. Donor:	Da	ite Received:		
Gift (Description):		Value/Cost	:	
Check here if additional sheets are attached				
FILER				
J. Kalani English		6/26/20	6/26/2014	
Print Name of Filer (First M.I. Last)		Date (m/	Date (m/d/yyyy)	
CERTIFICATION: By checking this box, you s	ignify and affirm that you a	re the person whose na	ime 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.