



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

Yamane	Ryan	I.
Last Name	First Name	M.I.
Hawaii State Legislature-House of Representatives	State Representative-District 37	
State Agency	State Position	

## CONTACT INFORMATION

Hawaii State Capitol  
 415 S. Berentania St., Room 420  
 Number and Street or P.O. Box

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808-586-6150	repyamane@capitol.hawaii.gov	
Telephone	Extension	Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: National Conference of State Legislatures Date Received: Sept. 25-26, 2013  
 Gift (Description): Air, lodging for Asian Pacific Health Caucus Value/Cost: \$900.00
2. Donor: Pacifica Institute Date Received: Nov. 22-Dec.3, 2013  
 Gift (Description): Lodging, meals, ground transportation Value/Cost: \$1,500.00
3. Donor: State Agricultural and Rural Leaders Date Received: Jan. 1-6, 2014  
 Gift (Description): Partial airfare, registration, lodging for Summit Value/Cost: \$2,200.00
4. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
5. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

## FILER

Ryan I. Yamane	6/27/2014
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.