



**FORM  
GD1**  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/30/2014 9:27:14 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**

Tegarden Deidre M  
 Last Name First Name M.I.  
 Office of the Governor Protocol Officer  
 State Agency State Position

**CONTACT INFORMATION**

415 S. Beretania Street  
 Executive Offices 5th Floor  
 Number and Street or P.O. Box  
 Honolulu HI 96813  
 City State Zip Code

Telephone Extension Email Address

**GIFT INFORMATION** (LIST EACH GIFT SEPARATELY)

- |    |   |                                     |  |
|----|---|-------------------------------------|--|
| 1. | Donor: <u>Hawaiian Airlines</u>   | Date Received: <u>July 9, 2013</u>  |  |
|    | Gift (Description): <u>Comped airfare on Inaugural Flight to Taipei</u> | Value/Cost: <u>\$1019.00</u>        |  |
| 2. | Donor: <u>Ministry of Foreign Affairs-Taiwan</u>                        | Date Received: <u>July 10, 2013</u> |  |
|    | Gift (Description): <u>Hotel Room for two nights (\$200/nite)</u>       | Value/Cost: <u>\$400.00</u>         |  |
| 3. | Donor: <u>Ministry of Foreign Affairs- Taiwan</u>                       | Date Received: <u>July 11, 2013</u> |  |
|    | Gift (Description): <u>China Airlines return flight</u>                 | Value/Cost: <u>\$1171.00</u>        |  |
| 4. | Donor: <u>Ministry of Foreign Affairs-Taiwan</u>                        | Date Received: <u>July 10, 2013</u> |  |
|    | Gift (Description): <u>Reception</u>                                    | Value/Cost: <u>\$75.00</u>          |  |
| 5. | Donor: <u>Ministry of Foreign Affairs</u>                               | Date Received: <u>July 11, 2013</u> |  |
|    | Gift (Description): <u>Lunch</u>  | Value/Cost: <u>\$50.00</u>          |  |

Check here if additional sheets are attached

**FILER**

Deidre M. Tegarden June 30, 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.