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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

Chen	Chun Ning (Andrew)	
Last Name	First Name	M.I.
Department of Budget and Finance	Investment Specialist	
State Agency	State Position	

### CONTACT INFORMATION

201 Merchant Street		
Suite 1400		
Number and Street or P.O. Box		
Honolulu	HI	96813
City	State	Zip Code
808-586-0182	chena@hiers.org	
Telephone	Extension	Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: International Management Network Date Received: 12/10/2013  
 Gift (Description): Partial reimbursement for airlines tickets Value/Cost: \$300.00
- Donor: International Management Network Date Received: 12/10/2013  
 Gift (Description): Lodging (2 nights at \$293.11 per night) Value/Cost: \$586.22
- 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

Chun Ning (Andrew) Chen	06/30/2014
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.