



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/30/2014 2:14:17 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

SILVA

Last Name

RICHARD

First Name

J

M.I.

HOUSE OF REPRESENTATIVES

State Agency

OFFICE MANAGER

State Position

CONTACT INFORMATION

1505 KEALIA DRIVE

Number and Street or P.O. Box

HONOLULU

City

HI

State

96817

Zip Code

8083493518

Telephone

Extension

rjsilva23@gmail.com

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: NONE Date Received: _____
Gift (Description): _____ Value/Cost: _____
2. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
3. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
4. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

RICHARD J. SILVA

Print Name of Filer (First M.I. Last)

06/30/2014

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.