



FORM  
GD1  
(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**

Paul	Richard	W.
Last Name	First Name	M.I.
Hawaii Department of Education	Educational Officer - Principal	
State Agency	State Position	

**CONTACT INFORMATION**

PO Box 128

Number and Street or P.O. Box

Hana	HI	96713
City	State	Zip Code
808 268-5923	rick_paul@notes.k12.hi.us	
Telephone	Extension	Email Address

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

- Donor: Educational Institute of Hawaii Date Received: 10/05/14  
Gift (Description): Airfare: OGG-HNL-LAX-LAS-YEG Value/Cost: \$1200
- Donor: Educational Institute of Hawaii Date Received: 10/10/14  
Gift (Description): Lodging (5 nights) Value/Cost: \$500
- Donor: Educational Institute of Hawaii Date Received: 10/10/14  
Gift (Description): Meals (6 days) Value/Cost: \$400
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): I do not consider the above 1, 2 and 3 to be gifts. Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

**FILER**

Richard W. Paul	11/14/2014
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.