



FORM  
GD1  
(Rev. 5/2013)



# HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

13 NOV 25 P12:02

(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**

Woodson

Last Name

Justin

First Name

STATE OF HAWAII  
STATE ETHICS COMMISSION

H

M.I.

House of Representatives

State Agency

Representative District 9

State Position

**CONTACT INFORMATION**

Hawaii State Capitol

415 S Beretania Street

Number and Street or P.O. Box

Honolulu

City

HI

State

96813

Zip Code

586-6210

Telephone

Extension

repwoodson@capitol.hawaii.gov

Email Address

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

- Donor: No gifts to declare. Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- 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**

Justin H. Woodson

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

11/19/2013

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.