



FORM
GD1
(Rev. 5/2013)

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**HAWAII STATE ETHICS COMMISSION
GIFTS DISCLOSURE STATEMENT**

STATE OF HAWAII
STATE ETHICS COMMISSION

(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

Last Name Delima First Name Ernest M.I. KU

State Agency Judiciary, Second Circuit State Position Administrator

CONTACT INFORMATION

Number and Street or P.O. Box Adult Client Services, 2050 Main Street, 2nd Floor

City Wailuku State HI Zip Code 967933

Telephone 442-3810 Extension _____ Email Address Ernest.K.Delima@courts.hawaii.gov

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Crime Stoppers Maui, Inc. Date Received: 3/15/2014
Gift (Description): One (1) night stay @ Four Seasons Value/Cost: \$629.00 (internet price)
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

Ernest K. Delima

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

3/17/14

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.