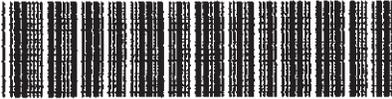


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FORM
GD1
(Rev. 5/2013)



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

Ching

Rodney

KF

Last Name

First Name

M.I.

Board of Dental Examiners

Public Member

State Agency

State Position

CONTACT INFORMATION

2439 Kapiolani Blvd., #604

Number and Street or P.O. Box

Honolulu

HI

96826

City

State

Zip Code

(808) 222-9951

rkfching@hawaii.rr.com

Telephone

Extension

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Central Regional Dental Testing Services Date Received: August 2013
 Gift (Description): air fare & hotel accomodations - annual meeting Value/Cost: \$1,350
2. Donor: N. E. Regional Board of Dental Examiners Date Received: January 2014
 Gift (Description): air fare, hotel & per diem - annual meeting Value/Cost: \$2,100
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

Rodney K.F. Ching

6/10/2014

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.