



FORM GD1 (Rev. 5/2013)

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HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

STATE OF HAWAII 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

Young Maynard
Last Name First Name M.I.
University of Hawaii Manager, Facilities Plan./Design
State Agency State Position

CONTACT INFORMATION

Office of Capital Improvements
1960 East-West Road, Biomedical Sciences Bldg., B-102
Number and Street or P.O. Box
Honolulu HI 96822
City State Zip Code
(808) 956-4071 maynardy@hawaii.edu
Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: Bower + Kubota Consulting, Inc. Date Received: Sept. 30, 2011
Gift (Description): Golf tournament Value/Cost: \$375.00
2. Donor: Bowers + Kubota Consulting, Inc. Date Received: Oct. 10, 2010
Gift (Description): Golf tournament Value/Cost: \$250.00
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

Maynard Young
Print Name of Filer (First M.I. Last) Date (m/d/yyyy) 6/12/2014

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.