



FORM
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(Rev. 5/2013)

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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)

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

Last Name **Holschuh** First Name **Frederick** M.I. **C.**
State Agency **Hawaii Commission for National & Community Service** State Position **Commissioner**

CONTACT INFORMATION

Number and Street or P.O. Box **46-3585 Kahana Drive**
City **Honokaa** State **Hawaii** Zip Code **96727**
Telephone _____ Extension _____ Email Address **triplef80@gmail.com**

GIFT INFORMATION (LIST EACH GIFT SEPARATELY) No Gifts Received

1. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
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

Frederick C. Holschuh

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.

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