



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

Kuba

Carol'yn

K.

Last Name

First Name

M.I.

University of Hawaii at Manoa

Faculty

State Agency

State Position

CONTACT INFORMATION

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HI

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City

State

Zip Code

(808) 956-8821

ckuba@hawaii.edu

Telephone

Extension

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: not applicable 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

Carolyn K. Kuba

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.