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FORM
GD1
(Rev. 5/2013)

STATE OF HAWAII
STATE ETHICS COMMISSION

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)

FILER

Last Name	First Name	M.I.
Yamada	Lawrence	M

State Agency	State Position
University of Hawaii, Manoa	Associate Professor, Dental Hyg.

CONTACT INFORMATION

2445 Campus Road, Hemenway Hall 200-B
Number and Street or P.O. Box

City	State	Zip Code
Honolulu	HI	96822

Telephone	Extension	Email Address
956-8821		yamadal@hawaii.edu

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: not applicable Date Received: _____
   Gift (Description): _____ Value/Cost: _____
2. Donor: _____ Date Received: _____
   Gift (Description): _____ Value/Cost: _____
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   Gift (Description): _____ Value/Cost: _____
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   Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
   Gift (Description): _____ Value/Cost: _____

☐ **Check here if additional sheets are attached**

FILER

Lawrence M. Yamada — Print Name of Filer *(First M.I. Last)*

6/10/2014 — 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.

REC'D BY STATE MESSENGER