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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 BAIRD First Name MARK M.I. A.

State Agency Hawaii State Board of Dental Examiners State Position President

CONTACT INFORMATION

4-976 Kuhio Hwy

Number and Street or P.O. Box

KAPAA

City State Hi Zip Code 96746

Telephone 808 635-6216 Extension Email Address mabdds@gmail.com

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: None 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

MARK A. BAIRD Mark A. Baird 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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