



FORM
GD1
(Rev. 5/2013)

14 JUN 20 11:00



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

Matsuo	Reed	
Last Name	First Name	M.I.
Department of Transportation	Engineer	
State Agency	State Position	

CONTACT INFORMATION

Dept. of Transportation, Highways Division, Traffic Branch
601 Kamokila Blvd., Room 602
Number and Street or P.O. Box

Kapolei HI 96707
City State Zip Code

(808) 692-7674 reed.matsuo@hawaii.gov
Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|--|--------------------------------------|
| 1. | Donor: <u>R. M. Towill Corporation</u> | Date Received: <u>Dec. 26, 2012</u> |
| | Gift (Description): <u>Golf</u> | Value/Cost: <u>\$115.00</u> |
| 2. | Donor: <u>R. M. Towill Corporation</u> | Date Received: <u>Sept. 18, 2012</u> |
| | Gift (Description): <u>Golf</u> | Value/Cost: <u>\$129.78</u> |
| 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

Reed A Matsuo Reed m 6/16/14
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.