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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**

Takai	Kyle	M
Last Name	First Name	M.I.
Legislature	State Representative	
State Agency	State Position	

**CONTACT INFORMATION**

State Capitol  
 415 S. Beretania Street  
 Number and Street or P.O. Box

Honolulu HI 96813  
 City State Zip Code

(808) 586-8455 reptakai@capitol.hawaii.gov  
 Telephone Extension Email Address

**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**

Kyle M. Takai	6/23/2014
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.

REC'D BY emai!