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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 Holzman First Name John M.I. C.

State Agency U.H. Board of Regents State Position Regent

CONTACT INFORMATION

Number and Street or P.O. Box 3217 Alani Dr.

City Honolulu State HI Zip Code 96822

Telephone 808 988 3787 Extension Email Address ~~jhh~~ johnholz@hawaii.edu

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: Date Received:
   Gift (Description): Value/Cost:
2. Donor: Date Received:
   Gift (Description): NONE 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

John C. Holzman — Print Name of Filer *(First M.I. Last)*

6/25/14 — 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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