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STATE OF HAWAII  
STATE ETHICS COMMISSION



FORM  
GD1  
(Rev. 5/2013)



# 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: Brower First Name: Tom M.I.: \_\_\_\_\_  
 State Agency: HAWAII STATE LEGISLATURE State Position: STATE REPRESENTATIVE

## CONTACT INFORMATION

Number and Street or P.O. Box: HAWAII STATE CAPITOL  
415 SOUTH BERETANIA, #315  
 City: Honolulu State: HAWAII Zip Code: 96813  
 Telephone: 586-8520 Extension: \_\_\_\_\_ Email Address: repbrower@capitol.hawaii.gov

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: PACIFICA INSTITUTE Date Received: NOVEMBER, 2013  
 Gift (Description): LODGING, TRAVEL, FOOD Value/Cost: \$1,500.00
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

## FILER

Print Name of Filer (First M.I. Last): Tom Brower Date (m/d/yyyy): 6/29/14

**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 HAND DELIVERY