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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	First Name	M.I.
Aquino	Henry	JC

State Agency	State Position
Hawaii State House of Representatives	Representative Dist. 38

CONTACT INFORMATION

Hawaii State Capitol

415 S. Beretania Street, Room 419

Number and Street or P.O. Box

City	State	Zip Code
Honolulu	HI	96813

Telephone	Extension	Email Address
(808) 586-6520		repaquino@capitol.hawaii.gov

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: The PEW Charitable Trusts Date Received: July 9, 2013
   Gift (Description): Air Fare/Hotel/Meals/Ground Transportation Value/Cost: $2,174.75
   (Attended the Criminal & Juvenile Justice Policy Forum in Atlanta)

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

HENRY AQUINO
Print Name of Filer *(First M.I. Last)*

6/17/2014
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 FAX