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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

Green	Josh	B
Last Name	First Name	M.I.
State Legislature	State Senator	
State Agency	State Position	

CONTACT INFORMATION

415 South Beretania St.

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
(808) 586-9385	sengreen@capitol.hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: None that met the Date Received: _____
 Gift (Description): threshold. A couple Value/Cost: _____
gifts of aloha (chips,
2. Donor: gifts of aloha (chips, Date Received: _____
 Gift (Description): cookies etc) are / have Value/Cost: _____
been received, usually
3. Donor: \$5-10. value. Date Received: _____
 Gift (Description): _____ Value/Cost: _____
4. Donor: 92 Date Received: _____
 Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

Josh Green no

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.

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