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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

Hidano Audrey E. Last Name First Name M.I. Hawaii State Department of Transportation Deputy Director - Administration State Agency State Position

CONTACT INFORMATION

Audrey Hidano 869 Punchbowl Street Number and Street or P.O. Box Honolulu HI 96813 City State Zip Code (808) 587-2154 audrey.hidano@hawaii.gov Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: n/a Date Received: Gift (Description): Value/Cost:
2. Donor: n/a Date Received: Gift (Description): Value/Cost:
3. Donor: n/a Date Received: Gift (Description): Value/Cost:
4. Donor: n/a Date Received: Gift (Description): Value/Cost:
5. Donor: n/a Date Received: Gift (Description): Value/Cost:

Check here if additional sheets are attached

FILER

Audrey E. Hidano (revised) 7/9/2014 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.

REC'D BY email