



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

Itano Joanne K
Last Name First Name M.I.
University of Hawaii System Interim Executive VP for Acade
State Agency State Position

CONTACT INFORMATION

2444 Dole Street, Bachman 204
Number and Street or P.O. Box
Honolulu HI 96822
City State Zip Code
(808) 956-7075 itano@hawaii.edu
Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: Indiana Commission for Higher Education Date Received: 9/11/13
Gift (Description): Airfare, lodging, meals, transportation, mileage Value/Cost: 1217.85
2. Donor: Complete College America Date Received: 6/25/14
Gift (Description): Airfare, lodging, meals, transportation, mileage Value/Cost: 1852.20
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 Joanne K. Itano

Print Name of Filer (First M.I. Last)

8/6/2014

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.