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FORM  
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(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

Kashiwaeda	Brian	
Last Name	First Name	M.I.
University of Hawaii Community Colleges	Director, Facilities and Environmental Health Office - RETIRED	
State Agency	State Position	

### CONTACT INFORMATION

Number and Street or P.O. Box

City	State	Zip Code
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Telephone	Extension	Email Address
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### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- |                     |                                 |                |                           |
|---------------------|---------------------------------|----------------|---------------------------|
| 1. Donor:           | <u>SSFM International, Inc.</u> | Date Received: | <u>05/2013 or 05/2012</u> |
| Gift (Description): | <u>Golf Tournament</u>          | Value/Cost:    | <u>&gt; \$200.00</u>      |
| 2. Donor:           | <u>SSFM International, Inc.</u> | Date Received: | <u>05/20/2011</u>         |
| Gift (Description): | <u>Golf Tournament</u>          | Value/Cost:    | <u>\$210.00</u>           |
| 3. Donor:           | <u>SSFM International, Inc.</u> | Date Received: | <u>04/01/2011</u>         |
| Gift (Description): | <u>Golf</u>                     | Value/Cost:    | <u>\$45.00</u>            |
| 4. Donor:           | <u>SSFM International, Inc.</u> | Date Received: | <u>02/16/2011</u>         |
| Gift (Description): | <u>Golf</u>                     | Value/Cost:    | <u>\$50.00</u>            |
| 5. Donor:           | <u>SSFM International, Inc.</u> | Date Received: | <u>10/12/2010</u>         |
| Gift (Description): | <u>Golf Tournament</u>          | Value/Cost:    | <u>\$333.33</u>           |

Check here if additional sheets are attached

### FILER

<u>BRIAN K. KASHIWAEDA</u>	<u>Brian Kashiwaeda</u>	<u>08/25/2014</u>
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.