



FORM GD1 (Rev. 5/2013)

14 SEP -4 P12:23



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

STATE OF HAWAII
STATE ETHICS COMMISSION

(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

Tamanaha David S.
 Last Name First Name M.I.
 University of Hawaii, Maui College Vice Chancellor, Admin. Svcs.
 State Agency State Position

CONTACT INFORMATION

University of Hawaii, Maui College, Administrative Services
 310 W. Kaahumanu Avenue
 Number and Street or P.O. Box
 Kahului HI 96732
 City State Zip Code
 (808) 984-3253 davidt@hawaii.edu
 Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Sodexo America, LLC Date Received: 05/2013 or 05/2012
 Gift (Description): Golf Tournament; Prize Value/Cost: \$225.00
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

DAVID S. TAMANAHA  9/2/14
 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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