

'14 SEP 12 P3:41



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

Minaai	Brian	K.
Last Name	First Name	M.I.
University of Hawaii System		Associate Vice President
State Agency		State Position

### CONTACT INFORMATION

University of Hawaii System, Capital Improvements  
1960 East-West Road  
Number and Street or P.O. Box

Honolulu HI 96822  
City State Zip Code

(808) 956-7935 bminaaai@hawaii.edu  
Telephone Extension Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- |    |   |                           |
|----|---|---------------------------|
| 1. | Donor: Mitsunaga & Associates, Inc. and/or TM Designers, Inc. | Date Received: 07/20/2011 |
|    | Gift (Description): Golf Tournament; Prizes                   | Value/Cost: > \$433.33    |
| 2. | Donor: SSFM International, Inc.                               | Date Received: 05/20/2011 |
|    | Gift (Description): Golf Tournament                           | Value/Cost: \$210.00      |
| 3. | Donor: SSFM International, Inc.                               | Date Received: 04/01/2011 |
|    | Gift (Description): Golf                                      | Value/Cost: \$45.00       |
| 4. | Donor: SSFM International, Inc.                               | Date Received: 09/17/2010 |
|    | Gift (Description): Golf Tournament                           | Value/Cost: \$150.00      |
| 5. | Donor: Mitsunaga & Associates, Inc.                           | Date Received: 06/10/2010 |
|    | Gift (Description): Golf Tournament; Prize                    | Value/Cost: \$430.00      |

Check here if additional sheets are attached

### FILER

Brian Minaai Brian Minaai 8/31/2014  
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. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.

REC'D BY mail