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STATE OF HAWAII
STATE ETHICS COMMISSION

FORM
GD1
(Rev. 5/2013)

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

Last Name	First Name	M.I.
Iwase	Jan	WA

State Agency	State Position
Department of Education	Principal

CONTACT INFORMATION

Hale Kula Elementary School

1 Waianae and Ayres Avenue

Number and Street or P.O. Box

City	State	Zip Code
Wahiawa	HI	96786

Telephone	Extension	Email Address
(808) 305-3433		jan_iwase@notes.k12.hi.us

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: Education Institute of Hawaii — Date Received: 10/05/2014
   Gift (Description): Airfare - HNL-LAX-LAS-YEG — Value/Cost: $1200
2. Donor: Education Institute of Hawaii — Date Received: 10/10/2014
   Gift (Description): Lodging (5 nights) — Value/Cost: $500
3. Donor: Education Institute of Hawaii — Date Received: 10/10/2014
   Gift (Description): Meals (6 days) — Value/Cost: $400
4. Donor: _____ Date Received: _____
   Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
   Gift (Description): _____ Value/Cost: _____

☐ **Check here if additional sheets are attached**

FILER

Jan W.A. Iwase — 11/5/2014

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 email