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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 LEWIS First Name JOAN M.I. K.

State Agency Hawaii Department of Education State Position TEACHER

CONTACT INFORMATION

c/o Kapolei High School
91-5007 Kapolei Parkway
Number and Street or P.O. Box

Kapolei
City

Hawaii
State

96707
Zip Code

Telephone 305-8200 Extension Email Address jlewis@hurricanes.k12.hi.us

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: Education Institute of Hawaii Date Received: 10/5/2014
   Gift (Description): AIRFARE HNL-LAX-LAS-YEG Value/Cost: $1200.00
2. Donor: EDUCATION INSTITUTE OF HAWAII Date Received: 10/10/2014
   Gift (Description): LODGING (5 NIGHTS) Value/Cost: $500.00
3. Donor: EDUCATION INSTITUTE OF HAWAII Date Received: 10/10/2014
   Gift (Description): MEALS (6 DAYS) Value/Cost: $400.00
4. Donor: Date Received:
   Gift (Description): Value/Cost:
5. Donor: Date Received:
   Gift (Description): Value/Cost:

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

FILER

Joan Lewis 11/05/2014

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.

I DO NOT CONSIDER THESE TO BE GIFTS, BUT AM REPORTING THEM AS GIFTS IN AN ABUNDANCE OF CAUTION.

RECEIVED BY U.S. MAIL