



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
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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

Crabbe	Kamana'opono	M.
Last Name	First Name	M.I.
Office of Hawaiian Affairs	Ka Pouhana, CEO	
State Agency	State Position	

CONTACT INFORMATION

Na Lama Kukui

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Number and Street or P.O. Box

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City	State	Zip Code
594-1892	kamanaoc@oha.org/momilanil@oha.org	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|---|--|
| 1. | Donor: <u>University of Auckland, New Zealand</u> | Date Received: <u>11/22/14-12/3/14</u> |
| | Gift (Description): <u>Reimbursed round trip airfare to New Zealand</u> | Value/Cost: <u>\$1,924.60</u> |
| 2. | Donor: <u>University of Auckland, New Zealand</u> | Date Received: <u>11/23-28/14</u> |
| | Gift (Description): <u>Lodging at The Langham Auckland, estimated</u> | Value/Cost: <u>\$1,060.00</u> |
| 3. | Donor: <u>University of Auckland, New Zealand</u> | Date Received: <u>11/26/14</u> |
| | Gift (Description): <u>Hosted dinner by U of A, estimated</u> | Value/Cost: <u>\$1,200.00</u> |
| 4. | Donor: <u>University of Auckland, New Zealand</u> | Date Received: <u>11/24-28//15</u> |
| | Gift (Description): <u>Conference registration fees</u> | Value/Cost: <u>\$560.00</u> |
| 5. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |

Check here if additional sheets are attached

FILER

<u>Kamana'opono M. Crabbe</u>	<u>5/19/2015</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.