



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

Tsuruda-Kashiwabara	Donna	E.
Last Name	First Name	M.I.
State Procurement Office	Purchasing Specialist V	
State Agency	State Position	

CONTACT INFORMATION

State Procurement Office
1151 Punchbowl Street
Number and Street or P.O. Box

Honolulu HI 96813
City State Zip Code

808 586-0554 state.procurement.office@hawaii.gov
Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Marjorie Inn-Francis Date Received: 1/18/2015
Gift (Description): Sony Open Skybox Value/Cost: \$350.00
- 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

<u>Donna E. Tsuruda Kashiwabara</u>	<u>5/28/2015</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.