



FORM
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(Rev. 5/2013)

Hawaii State Ethics Commission Received
5/29/2015 10:49:12 AM



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

Soares	Joy	L
Last Name	First Name	M.I.
Governor's Office	Project Director	
State Agency	State Position	

CONTACT INFORMATION

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Number and Street or P.O. Box

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GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
2. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
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Check here if additional sheets are attached

FILER

Joy L. Soares	5/29/2015
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.