



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/15/2015 12:23:45 PM



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

Kamiya	Keira	Y
Last Name	First Name	M.I.
Office of the Lieutenant Governor	Chief of Staff	
State Agency	State Position	

CONTACT INFORMATION

Hawaii State Capitol- 5th Fl.		
415 S. Beretania St.		
Number and Street or P.O. Box		
Honolulu	HI	96813
City	State	Zip Code
808-586-0255	keira.kamiya@hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Democratic Lieutenant Governors Assn. Date Received: 03/13/14
 Gift (Description): Travel airfare & lodging for annual meeting in DC Value/Cost: 1364.04
2. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
3. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
4. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

<u>Keira Kamiya</u>	<u>06/15/2015</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.