



FORM  
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(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**

Emerson	Deborah	Day
Last Name	First Name	M.I.
Attorney General		Supervising Dep Atty Gen
State Agency		State Position

**CONTACT INFORMATION**

425 Queen St

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
8085861180	deborah.d.emerson@hawaii.gov	
Telephone	Extension	Email Address

**GIFT INFORMATION** (LIST EACH GIFT SEPARATELY)

1. Donor: George Mason University Atty Gen Ed Prog Date Received: August 2014  
 Gift (Description): travel, lodging, and meals Value/Cost: \$2,425
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**

Deborah Day Emerson	6/15/2015
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.