



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/19/2015 2:53:36 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

| | | |
|-------------------------|--------------------------|------|
| Carlson | Dann | S |
| Last Name | First Name | M.I. |
| Department of Education | Assistant Superintendent | |
| State Agency | State Position | |

CONTACT INFORMATION

917 Oneawa St

Number and Street or P.O. Box

| | | |
|--------------|------------------------------|---------------|
| Kailua | HI | 96734 |
| City | State | Zip Code |
| 808 729 4455 | dann_carlson@notes.k12.hi.us | |
| Telephone | Extension | Email Address |

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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4. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

| | |
|---------------------------------------|-----------------|
| Dann S. Carlson | Jun 19 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.