



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/22/2015 1:53:38 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**

Buto	Julie	N.
Last Name	First Name	M.I.
Judiciary	Program Director, CJC Oahu	
State Agency	State Position	

**CONTACT INFORMATION**

Children's Justice Center of Oahu  
3019 Pali Highway  
Number and Street or P.O. Box

Honolulu	HI	96817
City	State	Zip Code
808 534-6700	6707	julie.n.buto@courts.hawaii.gov
Telephone	Extension	Email Address

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

- Donor: Western Regional Children's Advocacy Cent Date Received: 5/30/2015-6/4/2015\*  
Gift (Description): Round-trip airfare Honolulu to Washington, DC Value/Cost: \$968
- Donor: Western Regional Children's Advocacy Cent Date Received: 5/30/2015-6/4/2015\*  
Gift (Description): Lodging (three nights) Value/Cost: \$787
- Donor: Western Regional Children's Advocacy Cent Date Received: 5/30/2015-6/4/2015\*  
Gift (Description): Conference registration fee (partial) Value/Cost: \$45
- Donor: \*Awaiting reimbursement from WRCAC Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

**FILER**

Julie N. Buto	6/22/2015 AMEND
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.