



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/24/2015 12:51:40 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

Holowecki	Kelly	A
Last Name	First Name	M.I.
Department of Education	Full Time Music Teacher	
State Agency	State Position	

CONTACT INFORMATION

Mililani Middle School		
95-1140 Lehiwa Dr.		
Number and Street or P.O. Box		
Mililani	HI	96789
City	State	Zip Code
627-9010	73112	kelly_holowecki@notes.k12.hi.us
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Seawind Tours and Travel Date Received: August, 2014
 Gift (Description): site visit to plan student trip Value/Cost: 2,000.00
- Donor: Seawind Tours and Travel Date Received: March, 2015
 Gift (Description): educator expenses for student trip Value/Cost: 2,000.00
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

Kelly A. Holoweck	6/24/2015
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.