



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

Au	Aaron	W
Last Name	First Name	M.I.
Employees Retirement System		Investment Officer-Illiquid Mkts
State Agency		State Position

## CONTACT INFORMATION

201 Merchant Street

Number and Street or P.O. Box

Honolulu HI 96813

City State Zip Code

(808) 586 1727

aea@hiers.org

Telephone Extension Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: The Pension Bridge Date Received: April 7-9, 2015  
Gift (Description): Airfare Honolulu to San Francisco and back Value/Cost: 504.00
- Donor: The Pension Bridge Date Received: April 7-9, 2015  
Gift (Description): Room at Four Seasons Hotel-2 nights Value/Cost: 650.00
- 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

Aaron Au	06/25/2015
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.