



FORM
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(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/25/2015 8:30:31 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

Shimizu	Debra	K
Last Name	First Name	M.I.
Office of the Governor		policy analyst
State Agency		State Position

CONTACT INFORMATION

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GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Nat. Institute for Children's Health Quality Date Received: July 22-23, 2014
Gift (Description): airfare, lodging, per diem Value/Cost: \$2010.82
2. Donor: PEW Charitable Trusts Date Received: Nov 16-19, 2014
Gift (Description): airfare, lodging, per diem Value/Cost: \$1128.34
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

<u>Debra K. Shimizu</u>	<u>6/25/2015</u>
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.