



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

Todd	Ikenaga	R
Last Name	First Name	M.I.
University of Hawaii	SLDS Program Manager	
State Agency	State Position	

CONTACT INFORMATION

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GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|--|------------------------------------|
| 1. | Donor: <u>Western Interstate Commission Higher Ed</u> | Date Received: <u>11/6-8/2014</u> |
| | Gift (Description): <u>Travel, meals and lodging for meeting</u> | Value/Cost: <u>\$762</u> |
| 2. | Donor: <u>Western Interstate Commission Higher Ed</u> | Date Received: <u>12/9-11/2014</u> |
| | Gift (Description): <u>Travel, meals and lodging for meeting</u> | Value/Cost: <u>\$1167</u> |
| 3. | Donor: <u>Western Interstate Commission Higher Ed</u> | Date Received: <u>1/7-9/2015</u> |
| | Gift (Description): <u>Travel, meals and lodging for meeting</u> | Value/Cost: <u>\$817</u> |
| 4. | Donor: <u>Western Interstate Commission Higher Ed</u> | Date Received: <u>2/10-12/2015</u> |
| | Gift (Description): <u>Travel, meals and lodging for meeting</u> | Value/Cost: <u>\$842</u> |
| 5. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |

Check here if additional sheets are attached

FILER

<u>Todd R. Ikenaga</u>	<u>6/26/2015</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.