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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**

Liebert	Bruce	E
Last Name	First Name	M.I.
University of Hawaii		Int. Assoc. Dean Engineering
State Agency		State Position

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

1. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
2. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
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**

Bruce E. Liebert	6/27/2015
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.