



FORM  
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(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/29/2015 8:09:51 AM



# 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

Shiraic	Calvin	H
Last Name	First Name	M.I.
University of Hawaii-Kauai Community College	Auxiliary Services Officer	
State Agency	State Position	

## CONTACT INFORMATION

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Number and Street or P.O. Box

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City	State	Zip Code
255-8333	shiraic@hawaii.edu	
Telephone	Extension	Email Address

## 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

Calvin H. Shirai	6/29/2015
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.