



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/29/2015 4:02:37 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

Yuen	Nathan	P
Last Name	First Name	M.I.
Department of Land and Natural Resources	Natural Area Reserves System	
State Agency	State Position	

CONTACT INFORMATION

91-233 Hanapouli Cir #29T

Number and Street or P.O. Box

Ewa Beach	HI	96706
City	State	Zip Code

Telephone	Extension	Email Address
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GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: none Date Received: _____
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Check here if additional sheets are attached

FILER

Nathan P. Yuen	06/29/2015
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.