



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/30/2015 4:29:33 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

Taira	Joanne	Y.
Last Name	First Name	M.I.
University of Hawaii	Academic Program Officer	
State Agency	State Position	

CONTACT INFORMATION

2444 Dole Street Bachman 202

Number and Street or P.O. Box

Honolulu	HI	96822
City	State	Zip Code
956-4367	tairaj@hawaii.edu	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Complete College America Date Received: Dec. 1-2, 2014
 Gift (Description): attend convening of states, Miami Value/Cost: \$1,800
2. Donor: Complete College America Date Received: June 12, 2015
 Gift (Description): attend coreq remediation institute, Mpls. Value/Cost: \$1,500
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

Joanne Y. Taira	06/30/2015
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.