



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
7/20/2015 3:11:46 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**

Ball	Lindsay	E
Last Name	First Name	M.I.
Dept. of Education, HLLM Complex Area	Complex Area Superintendent	
State Agency	State Position	

**CONTACT INFORMATION**

Dept. of Education		
54 S. High St., 4th Floor		
Number and Street or P.O. Box		
Wailuku	HI	96793
City	State	Zip Code
808-984-8000	lindsay_ball@notes.k12.hi.us	
Telephone	Extension	Email Address

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

1. Donor: Education Leadership Development Assoc. Date Received: Feb. 18-20, 2015  
 Gift (Description): 2015 Catapult Learning Leadership Institute Value/Cost: 3,342.50
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**

<u>Lindsay E. Ball</u>	<u>06/22/2015</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.