



FORM  
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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**

Kato	Kristen	L
Last Name	First Name	M.I.
Department of Education	Teacher	
State Agency	State Position	

**CONTACT INFORMATION**

95-1140 Lehiwa Dr

Number and Street or P.O. Box

Mililani	HI	96789
City	State	Zip Code
627-9010	kristen_kato@notes.k12.hi.us	
Telephone	Extension	Email Address

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

1. Donor: Washington Workshop Date Received: 10/3/2014  
 Gift (Description): hotel, food, air fare Value/Cost: \$1528.00
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**

Kristen L Kato	10/16/2015
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.