



FORM
GD1
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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

Inouye	Cheryl	E
Last Name	First Name	M.I.
Judiciary		Section Administrator
State Agency		State Position

CONTACT INFORMATION

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Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Institute for Behavior and Health, Inc. Date Received: 9/16/15
Gift (Description): Roundtrip Airfare Value/Cost: \$1,520.01
- Donor: Institute for Behavior and Health, Inc. Date Received: _____
Gift (Description): Lodging Value/Cost: \$400
- Donor: Institute for Behavior and Health, Inc. Date Received: _____
Gift (Description): Taxi Value/Cost: \$50
- Donor: Institute for Behavior and Health, Inc. Date Received: _____
Gift (Description): Lunch Value/Cost: \$20
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

<u>Cheryl E. Inouye</u>	<u>11/05/2015</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.