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FORM GD1 (Rev. 5/2013)

STATE OF HAWAII STATE ETHICS COMMISSION



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

TOKUDA Last Name, JILL First Name, N. M.I., HAWAII STATE LEGISLATURE State Agency, SENATOR State Position

CONTACT INFORMATION

415 South Beretania Street, Room 207 Number and Street or P.O. Box, Honolulu City, Hawaii State, 96813 Zip Code, (808) 587-7215 Telephone, sentokuda@capitol.hawaii.gov Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: NCSL Fiscal Leaders Seminar Date Received: Nov. 19-21, 2014 Gift (Description): Roundtrip Airfare - Honolulu-Phoenix, AZ Value/Cost: \$665.58
2. Donor: NCSL Fiscal Leaders Seminar Date Received: Nov. 19-21, 2014 Gift (Description): Lodging - Fairmont Scottsdale Princess Value/Cost: \$400.00 (2 nights)
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

JW Print Name of Filer (First M.I. Last), 6/8/15 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.