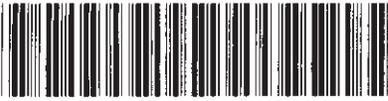


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FORM GD1 (Rev. 5/2013)

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

Last Name Weston First Name Amanda M.I. J

State Agency Department of Attorney General State Position Deputy Attorney General

CONTACT INFORMATION

Department of Attorney General Land Transportation Division 465 S. King St, 3rd Floor Honolulu HI Zip Code 96813 Telephone 587-2985 Extension Email Address amanda.j.weston@hawaii.gov

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: The Attorney General Education Program (AGEP) Date Received: 9/25/14 Gift (Description): Round Trip Flight to Washington D.C. for conf. Value/Cost: \$1,000.00
2. Donor: AGEP Date Received: Gift (Description): Hotel (9/26/14-10/1/14) Value/Cost: \$1,045
3. Donor: AGEP Date Received: 9/27/14 Gift (Description): Meals (9/27/14-10/1/14) Value/Cost: \$500.00
4. Donor: Date Received: Gift (Description): Value/Cost:
5. Donor: Date Received: Gift (Description): Value/Cost:

Check here if additional sheets are attached

FILER

Amanda J. Weston June 15, 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.

REC'D BY HAND DELIVERY