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STATE OF HAWAII
STATE ETHICS COMMISSION

FORM
GD1
(Rev. 5/2013)

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	First Name	M.I.
Thompson, III	Edward	K

State Agency	State Position
State House of Representatives	Office Manager-Rep. Kobayashi

CONTACT INFORMATION

2272 Aupuni Street
Number and Street or P.O. Box

City	State	Zip Code
Honolulu	HI	96817

Telephone	Extension	Email Address
(808) 330-6845		aupuni3@hotmail.com

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: N/A Date Received: _____
   Gift (Description): _____ Value/Cost: _____
2. Donor: N/A Date Received: _____
   Gift (Description): _____ Value/Cost: _____
3. Donor: N/A Date Received: _____
   Gift (Description): _____ Value/Cost: _____
4. Donor: N/A Date Received: _____
   Gift (Description): _____ Value/Cost: _____
5. Donor: N/A Date Received: _____
   Gift (Description): _____ Value/Cost: _____

☐ **Check here if additional sheets are attached**

FILER

Edward K. Thompson, III — Print Name of Filer *(First M.I. Last)*

6/17/2015 — 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 email