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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

BLEY-VROMAN	ROBERT	W.
Last Name	First Name	M.I.
University of Hawaii at Manoa	Interim Chancellor	
State Agency	State Position	

CONTACT INFORMATION

2500 CAMPUS ROAD
HAWAII HALL 202
 Number and Street or P.O. Box

HONOLULU	HI	96822
City	State	Zip Code
(808) 956-7651	vroman@hawaii.edu	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Intercollegiate Athletics, UH Date Received: 9/2014
 Gift (Description): Season football seats for Chancellor Value/Cost: \$375.00
2. Donor: Intercollegiate Athletics, UH Date Received: 9/2014
 Gift (Description): Season parking passes for Aloha Stadium Value/Cost: \$250.00
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

Robert W. Bley-Vroman
ROBERT W. BLEY-VROMAN **6/18/2015**
 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.