



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 FISHER First Name EDWARD M.I.

State Agency UNIVERSITY OF HAWAII AT HILO State Position ASSOCIATE DEAN

CONTACT INFORMATION

Number and Street or P.O. Box HC 1 BOX 4125 City HONOLULU State HI Zip Code 96745 Telephone 932 7698 Extension Email Address fishere@hawaii.edu

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

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

None

Check here if additional sheets are attached

FILER

EDWARD FISHER

6/18/15

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.