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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

Kim	Donna	M
Last Name	First Name	M.I.
Legislature/Senate	Senator	
State Agency	State Position	

CONTACT INFORMATION

415 S. Beretania Street

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
(808) 587-7200	senkim@capitol.hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Chamber of Commerce of Hawaii Date Received: 8/6/14
Gift (Description): Annual Luncheon Non-Member Reg. Fee Value/Cost: \$89.00
- Donor: State Legislative Leaders Foundation Date Received: 10/9/14
Gift (Description): Travel Stipend Value/Cost: \$850.00
- Donor: State Legislative Leaders Foundation Date Received: 12/5/14
Gift (Description): Airfare, hotel, ground transportation Value/Cost: \$1476.40
- Donor: National Conference of State Legislatures Date Received: 12/15/14
Gift (Description): Hotel Value/Cost: \$478.00
- Donor: Hotel Owners Roundtable Date Received: 3/3/15
Gift (Description): Food (lunch meeting) Value/Cost: \$65.00

Check here if additional sheets are attached

FILER

Donna M. Kim Donna M. Kim 6.23.15

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. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.

REC'D BY mail

GIFTS DISCLOSURE STATEMENT FORM – ADDITIONAL SHEET

Name: Donna Mercado Kim Date: _____ Page 2 of 2

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: State Legislative Leaders Foundation Date Received: 3/19/15
Gift (Description): Airfare, hotel, ground transportation, meals Value/Cost: \$1811.29

- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

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Gift (Description): _____ Value/Cost: _____

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