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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.
Mizuno	John	M

State Agency	State Position
Legislature	Representative

CONTACT INFORMATION

Hawaii State Capitol, Room 439

Number and Street or P.O. Box

City	State	Zip Code
Honolulu	HI	96813

Telephone	Extension	Email Address
586-6050		repmizuno@capitol.hawaii.gov

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: Nat'l Conf of State Legislatures — Date Received: 07/9/14 - 07/12/15
   Gift (Description): R/T Air HNL - Seattle and lodging — Value/Cost: 1,300.00
2. Donor: Nat'l Conf of State Legislatures — Date Received: 08/27/14 - 8/29/15
   Gift (Description): R/T Air HNL-DCA and lodging — Value/Cost: 1,200.00
3. Donor: Nat'l Conf of State Legislatures — Date Received: 09/22/15 -09/23/15
   Gift (Description): R/T Air HNL-Seattle and lodging — Value/Cost: 1,100.00
4. Donor: _____ Date Received: _____
   Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
   Gift (Description): _____ Value/Cost: _____

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

FILER

John M. Mizuno — 6/25/2015

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 email