



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

Amano	Carolyn	M
Last Name	First Name	M.I.
University of Hawaii	Secretary	
State Agency	State Position	

CONTACT INFORMATION

Dept of Info Tech Mgt
2404 Maile Way
Number and Street or P.O. Box

Honolulu HI 96822
City State Zip Code

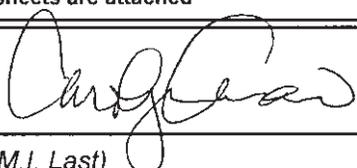
(808) 956-7430 amano@hawaii.edu
Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|--|----------------------------------|
| 1. | Donor: <u>Dr. Tung X. Bui</u> | Date Received: <u>12/25/14</u> |
| | Gift (Description): <u>check (x-mas)</u> | Value/Cost: <u>250.00</u> |
| 2. | Donor: <u>Dr. Hong Mei Chen</u> | Date Received: <u>12/25/14</u> |
| | Gift (Description): <u>check (x-mas)</u> | Value/Cost: <u>100.00</u> |
| 3. | Donor: <u>Dr. Raymond R. Panko</u> | Date Received: <u>12/25/14</u> |
| | Gift (Description): <u>gift card (x-mas)</u> | Value/Cost: <u>150.00</u> |
| 4. | Donor: <u>Dr. Raymond R. Panko</u> | Date Received: <u>04/24/2015</u> |
| | Gift (Description): <u>gift card & flower arrangement (Admin Prof Day)</u> | Value/Cost: <u>150.00</u> |
| 5. | Donor: <u>N/A</u> | Date Received: <u>N/A</u> |
| | Gift (Description): <u>N/A</u> | Value/Cost: <u>N/A</u> |

Check here if additional sheets are attached

FILER

Carolyn M Amano 
Print Name of Filer (First M.I. Last) Date (m/d/yyyy) 06/26/2015

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.