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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

OH	Ruth	K
Last Name	First Name	M.I.
Dept. of the Attorney General	Deputy Attorney General	
State Agency	State Position	

### CONTACT INFORMATION

465 S. King Street, Room 200

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
(808) 587-3050	Ruth.K.Oh@hawaii.gov	
Telephone	Extension	Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: George Mason Univ. School of Law -AGEP Date Received: Mar. 25 - 29, 2015  
Gift (Description): Airfare, Ground Shuttle Value/Cost: 846.00
- Donor: George Mason Univ. School of Law-AGEP Date Received: Mar. 25-27, 2015  
Gift (Description): Accommodations, Some Group Meals Value/Cost: 851.08
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

### FILER

<u>Ruth K. Oh</u>	<u>6/29/2015</u>
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