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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. |
|---|---|---|
| Johanson | Aaron | L |

| State Agency | State Position |
|---|---|
| Hawaii State Legislature - House of Representatives | State Representative, District 31 |

**CONTACT INFORMATION**

Hawaii State Capitol

415 S. Beretania St., Rm 427

Number and Street or P.O. Box

| City | State | Zip Code |
|---|---|---|
| Honolulu | HI | 96813 |

| Telephone | Extension | Email Address |
|---|---|---|
| 586-9470 | | repjohanson@capitol.hawaii.gov |

**GIFT INFORMATION** *(LIST EACH GIFT SEPARATELY)*

1. Donor: None 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: _____

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

**FILER**

Print Name of Filer *(First M.I. Last)* — Date *(m/d/yyyy)* 6/30/2015

☑ **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.

REC'D BY HAND DELIVERY