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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

Brower	Tom	M
Last Name	First Name	M.I.
Hawaii State Legislature	State Representative	
State Agency	State Position	

CONTACT INFORMATION

Hawaii State Capitol

415 S. Beretania Street, Rm 315

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
(808) 586-8520	repbrower@Capitol.hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Hawaii Lodging & Tourism Association Date Received: 4/16/2015
 Gift (Description): UH TIM School Benefit Dinner Value/Cost: \$250.00
2. Donor: Carlsmith Ball LLP Date Received: 5/06/15
 Gift (Description): Sushi Platter Value/Cost: \$35.00
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

Tom M. Brower	6/30/2015
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 HAND DELIVERY