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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

Last Name Friedman First Name Daniel M.I. S.

State Agency University of Hawaii State Position Dean & Professor

CONTACT INFORMATION

School of Architecture

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Number and Street or P.O. Box

City Honolulu State Hawaii Zip Code 96822

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GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: _____ Date Received: _____
Gift (Description): no gifts over \$200 from a single source to report Value/Cost: _____
2. Donor: _____ Date Received: _____
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Check here if additional sheets are attached

FILER

Daniel S. Friedman

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 STATE MESSENGER