



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

Benton Emily A. Last Name First Name M.I. University of Hawai'i at Manoa Campus Services Marketing Specialist (APT) State Agency State Position

CONTACT INFORMATION

2465 Campus Road Room 121 Number and Street or P.O. Box Honolulu HI 96822 City State Zip Code (808) 956-2126 bentone@hawaii.edu Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: NACAS -Nat'l Assoc. of College Auxiliary Svc Date Received: 05/29/2015 Gift (Description): Round trip airfare-Honolulu to San Diego, CA Value/Cost: \$700.00
2. Donor: NACAS-Nat'l Assoc. of College Auxiliary Svcs Date Received: 05/29/2015 Gift (Description): NACAS West Conference Registration Value/Cost: \$275.00
3. Donor: NACAS-Nat'l Assoc. of College Auxiliary Svcs Date Received: 06/01/2015 Gift (Description): Conference business dinner Value/Cost: \$75.00
4. Donor: NACAS-Nat'l Assoc. of College Aux Services Date Received: 06/03/2015 Gift (Description): Three nights off total conference hotel bill Value/Cost: \$597.00
5. Donor: Date Received: Gift (Description): Value/Cost:

Check here if additional sheets are attached

FILER

EMILY A. BENTON 06/29/2015 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.