



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

PAVAO Last Name

MILTON First Name

D M.I.

State Agency DLNR - CWRM

State Position COMMISSIONER

CONTACT INFORMATION

P.O. Box 306 Number and Street or P.O. Box

KEAAU City

HI State

96749 Zip Code

Telephone 808 966 8166 Extension

Email Address pdaku@aol.com

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 MILTON D. PAVAO

6/30/15 Date (m/d/yyyy)

Print Name of Filer (First M.I. Last)

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.