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FORM
GD1
(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

STATE OF HAWAII
STATE ETHICS COMMISSION

(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 Peterson First Name John M.I. A

State Agency UHawaii at Manoa State Position Affiliate faculty

CONTACT INFORMATION

Number and Street or P.O. Box Po Box 5354 Vog Station
Mangila, Guam 96923

City _____ State _____ Zip Code _____

Telephone 808 Extension 5930152 Email Address jpeterson@uguan:uog.edu

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: none Date Received: _____
Gift (Description): _____ Value/Cost: _____
2. Donor: none Date Received: _____
Gift (Description): _____ Value/Cost: _____
3. Donor: _____ Date Received: _____
Gift (Description): none Value/Cost: _____
4. Donor: _____ Date Received: _____
Gift (Description): none Value/Cost: _____
5. Donor: none Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

John A. Peterson 7/1/2015
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 email