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FORM GD1

* GD1 - 2012 - 05 * (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 Kouchi First Name Jill M.I. State Agency UH-WO State Position casual hire

CONTACT INFORMATION

Number and Street or P.O. Box 5887 Oloheua Rd City Kepea State HI Zip Code 96746 Telephone 808-822-1977 Extension Email Address kouchijill@hawaii.edu

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: 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

Print Name of Filer (First M.I. Last) Date (m/d/yyyy) 30 June 2015

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.