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FORM
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(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

KING, PAMELA M.T.

Last Name First Name M.I.

DEPARTMENT OF EDUCATION

TEACHER

State Agency

State Position

CONTACT INFORMATION

204 MAMAKI ST

Number and Street or P.O. Box

HILLO, HI 96720

City State Zip Code

Telephone 808-974-4888 Extension 305 Email Address p-king808@yahoo.com

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: EF TOURS Date Received: 03/14/2015
Gift (Description): COSTA RICA EDUCATIONAL TRIP Value/Cost: \$3590.00
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

PAMELA M.T. KING

08/09/2015

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.

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