



FORM  
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(Rev. 5/2013)

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# 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 Llaneza First Name Channing M.I. A  
State Agency DOE State Position Teacher

**CONTACT INFORMATION**

49 Funchal St.

Number and Street or P.O. Box

Honolulu HI 96813  
City State Zip Code  
587-4430

Telephone Extension Email Address

**GIFT INFORMATION (LIST EACH GIFT SEPARATELY)**

- Donor: Global Endeavors Date Received: 6/9/15 - 6/12/15  
Gift (Description): Chaperone School group to Orlando, FL Value/Cost: \$2635
- 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**

Channing A. Llaneza 8/27/2015  
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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