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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

Last Name Monroe First Name Tracy M.I. E  
State Agency Hawaii DOE State Position Teacher

## CONTACT INFORMATION

1257 Alewa Dr.  
#  
Number and Street or P.O. Box  
City Honolulu State Hi Zip Code 96817  
Telephone (808) 256-3702 Extension \_\_\_\_\_ Email Address tracymonroe50@gmail.com

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Explorica Date Received: 3/21/15  
Gift (Description): flight & hotel DC/NYC Value/Cost: 2200. - \$250 paid  
1944.00
- 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

Tracy E Monroe 09/01/15  
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.