



FORM
GD1
(Rev. 5/2013)

15 OCT -9 A10 :48



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

Morikawa	Daynette "Dee"	S
Last Name	First Name	M.I.
House of Representatives	Representative - District 16	
State Agency	State Position	

CONTACT INFORMATION

Hawaii State Capitol, Rm. 442
415 South Beretania Street
Number and Street or P.O. Box

Honolulu HI 96813
City State Zip Code

(808) 586-6280 repmorikawa@capitol.hawaii.gov
Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: National Conference of State Legislatures Date Received: 09/18/2015
Gift (Description): Stipend for 08/01 and 08/02/2015 Roundtable Value/Cost: 432.21
- 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

Daynette Morikawa 

Print Name of Filer (First M.I. Last) Date (m/d/yyyy) 10/07/2015

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. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.