



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

Mamizuka Brook M. Last Name First Name M.I. Judiciary/Adult Client Services Branch Deputy Compact Administrator State Agency State Position Probation Supervisor

CONTACT INFORMATION

First Circuit Court, 777 Punchbowl Street

Number and Street or P.O. Box

Honolulu HI 96813 City State Zip Code 539-4570 brook.m.mamizuka@courts.hawaii.gov

Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: Interstate Commission for Adult Offender Supervision Date Received: 10/5/15 and 10/8/15 Gift (Description): Airline Cost Value/Cost: \$507.00
2. Donor: Interstate Commission for Adult Offender Supervision Date Received: 10/5/15 - 10/8/15 Gift (Description): Hilton Hotel Cost Value/Cost: \$566.79
3. Donor: Interstate Commission for Adult Offender Supervision Date Received: 10/5/15 and 10/8/15 Gift (Description): Blue Star Shuttle Value/Cost: \$20.00
4. Donor: Interstate Commission for Adult Offender Supervision Date Received: 10/8/15 Gift (Description): Baggage Fee Value/Cost: \$60.00
5. Donor: Interstate Commission for Adult Offender Supervision Date Received: 10/5/15-10/8/15 Gift (Description): Food Per Diem Value/Cost: \$231.00

Check here if additional sheets are attached

FILER

Brook M. Mamizuka 10/14/2015 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.