



FORM
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(Rev. 5/2013)

Hawaii State Ethics Commission Received
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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

Nakashima	Mark	M.
Last Name	First Name	M.I.
House of Representatives	State Representative	
State Agency	State Position	

CONTACT INFORMATION

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415 S. Beretania Street, Rm 406
Number and Street or P.O. Box

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City	State	Zip Code
586-6680	repnakashima@capitol.hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | |
|--|--|
| 1. Donor: <u>NCSL Job Summit (New York, NY)</u> | Date Received: <u>8/31/15-9/2/15</u> |
| Gift (Description): <u>travel stipend</u> | Value/Cost: <u>\$1,205.00</u> |
| 2. Donor: <u>US Japan Council- Delegation (Kyoto, Japan)</u> | Date Received: <u>9/25/15-10/03/15</u> |
| Gift (Description): <u>transportation/lodging</u> | Value/Cost: <u>\$5,234.93</u> |
| 3. Donor: <u>NCSL Fall Forum Ag Taskforce (Wash DC)</u> | Date Received: <u>12/5/15-12/14/15</u> |
| Gift (Description): <u>travel stipend</u> | Value/Cost: <u>\$1,000.00</u> |
| 4. Donor: <u>CSG Innovation/Esri (Redlands, CA)</u> | Date Received: <u>2/18/16-2/19/16</u> |
| Gift (Description): <u>transportation/lodging</u> | Value/Cost: <u>\$1,128.25</u> |
| 5. Donor: _____ | Date Received: _____ |
| Gift (Description): _____ | Value/Cost: _____ |

Check here if additional sheets are attached

FILER

<u>Mark M Nakashima</u>	<u>6/15/2016</u>
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.