



**FORM
GD1**
(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

Tokuda	Angela	A
Last Name	First Name	M.I.
Attorney General's Office		Deputy Attorney General
State Agency		State Position

CONTACT INFORMATION

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Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code

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Telephone	Email Address

Extension

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|---|-------------------------------|
| 1. | Donor: <u>Centers for Medicare & Medicaid</u> | Date Received: <u>3/11/16</u> |
| | Gift (Description): <u>Roundtrip Airfare (HNL-SFO)</u> | Value/Cost: <u>\$559.00</u> |
| 2. | Donor: <u>Centers for Medicare & Medicaid</u> | Date Received: <u>3/12/16</u> |
| | Gift (Description): <u>Transportation & Baggage Fee</u> | Value/Cost: <u>\$117.11</u> |
| 3. | Donor: <u>Centers for Medicare & Medicaid</u> | Date Received: <u>3/12/16</u> |
| | Gift (Description): <u>Lodging (2 nights)</u> | Value/Cost: <u>\$1,120.72</u> |
| 4. | Donor: <u>Centers for Medicare & Medicaid</u> | Date Received: <u>3/12/16</u> |
| | Gift (Description): <u>Per diem (3 days)</u> | Value/Cost: <u>\$435.00</u> |
| 5. | Donor: <u>Centers for Medicare & Medicaid</u> | Date Received: <u>3/12/16</u> |
| | Gift (Description): <u>Airport Parking</u> | Value/Cost: <u>\$72.00</u> |

Check here if additional sheets are attached

FILER

Angela A. Tokuda	6/20/2016
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.