



**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**

San Buenaventura Joy A  
 Last Name First Name M.I.  
 House of Representative Representative, District 4  
 State Agency State Position

**CONTACT INFORMATION**

415 S. Beretania Street, #305  
 Number and Street or P.O. Box  
 Honolulu HI 96813  
 City State Zip Code  
 (808) 586-6530 repsanbuenaventura@capitol.hawaii.gov  
 Telephone Extension Email Address

**GIFT INFORMATION** (LIST EACH GIFT SEPARATELY)

- Donor: Women in Government scholarship Date Received: 6/13/2016  
 Gift (Description): airfare to attend conference Value/Cost: \$593.50
- Donor: Women in Government scholarship Date Received: 6/14/2016  
 Gift (Description): shuttle service to/from airport - hotel Value/Cost: \$36.00
- Donor: Women in Government scholarship Date Received: 5/17-5/21/2016  
 Gift (Description): lodging (4 nights - shared room) Value/Cost: \$464.08
- Donor: Women in Government scholarship Date Received: 5/18-5/19/2016  
 Gift (Description): Advance Tech & Innovations Summit meals Value/Cost: \$195.00
- Donor: Women in Government scholarship Date Received: 5/19-5/21/2016  
 Gift (Description): 19th Annual Western Regional Conference meal Value/Cost: \$421.00

Check here if additional sheets are attached

**FILER**

Joy A. San Buenaventura 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.