



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**

Gabbard	Gerald	M
Last Name	First Name	M.I.
State Senate	Senator	
State Agency	State Position	

**CONTACT INFORMATION**

PO Box 75457

Number and Street or P.O. Box

Kapolei	HI	96707
City	State	Zip Code
808-586-6830		
Telephone	Extension	Email Address

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

1. Donor: State Ag and Rural Leaders Summit Date Received: 01/07/16  
 Gift (Description): Lodging, Conference activities, and meals Value/Cost: \$1,540
2. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
3. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
4. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
5. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

**FILER**

Gerald M. Gabbard	06/23/2016
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.