



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/27/2016 10:06:37 AM



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

Fisher (Pressler)	Virginia	P
Last Name	First Name	M.I.
Department of Health	Director of Health	
State Agency	State Position	

CONTACT INFORMATION

Department of Health		
1250 Punchbowl Street, Room 325		
Number and Street or P.O. Box		
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City	State	Zip Code
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Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Hawaii Island Chamber of Commerce Date Received: Feb. 2, 2016
 Gift (Description): Airfare and lunch as speaker at Award Luncheon Value/Cost: 228.40
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

<u>Virginia Pressler Fisher</u>	<u>06/27/2016</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.