



FORM  
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(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/29/2016 1:28:24 PM



# 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

|                  |            |                         |
|------------------|------------|-------------------------|
| Kimura           | Rodney     | I.                      |
| Last Name        | First Name | M.I.                    |
| Attorney General |            | Deputy Attorney General |
| State Agency     |            | State Position          |

### CONTACT INFORMATION

Rodney I. Kimura, Deputy Attorney General

425 Queen Street  
Number and Street or P.O. Box

|              |                            |               |
|--------------|----------------------------|---------------|
| Honolulu     | HI                         | 96813         |
| City         | State                      | Zip Code      |
| 808-586-1193 | rodney.i.kimura@hawaii.gov |               |
| Telephone    | Extension                  | Email Address |

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: National Association of Attorneys General Date Received: November 16, 2015  
Gift (Description): Expenses to attend antitrust training and mtg. Value/Cost: \$1,391.65
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

### FILER

|                                       |                  |
|---------------------------------------|------------------|
| <u>Rodney I. Kimura</u>               | <u>6/29/2016</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.