



FORM  
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(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/29/2016 1:46:22 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**

Yamashita	Kyle	T.
Last Name	First Name	M.I.
State Legislature	Representative	
State Agency	State Position	

**CONTACT INFORMATION**

415 So. Beretania Street		
Room 422		
Number and Street or P.O. Box		
Honolulu	HI	96813
City	State	Zip Code
808-586-6330	repyamashita@capitol.hawaii.gov	
Telephone	Extension	Email Address

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

- |    |  |  |
|----|--|--|
| 1. | Donor: <u>NCSL Quad Caucus Meeting</u>                             | Date Received: <u>June 14-16, 2015</u> |
|    | Gift (Description): <u>Airfare, lodging, ground transportation</u> | Value/Cost: <u>\$1,572.51</u>          |
| 2. | Donor: <u>NCSL Quad Caucus Meeting</u>                             | Date Received: <u>Oct. 4-8, 2015</u>   |
|    | Gift (Description): <u>Airfare, lodging, ground transportation</u> | Value/Cost: <u>\$1,314.16</u>          |
| 3. | Donor: <u>Foundation For Excellence Conference</u>                 | Date Received: <u>Oct. 22-24, 2015</u> |
|    | Gift (Description): <u>Airfare, lodging, ground transportation</u> | Value/Cost: <u>\$1,190.00</u>          |
| 4. | Donor: <u>Asian Caucus</u>   | Date Received: <u>Nov. 18-23, 2015</u> |
|    | Gift (Description): <u>Airfare, lodging, ground transportation</u> | Value/Cost: <u>\$1,312.25</u>          |
| 5. | Donor: <u>Asian Caucus</u>   | Date Received: <u>Dec. 2-3, 2015</u>   |
|    | Gift (Description): <u>Airfare, lodging, ground transportation</u> | Value/Cost: <u>\$647.01</u>            |

Check here if additional sheets are attached

**FILER**

Kyle T. Yamashita	06/29/2016
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.

# GIFTS DISCLOSURE STATEMENT FORM – ADDITIONAL SHEET

Name: Kyle T. Yamashita Date: 6/29/2016 Page 2 of 2

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: CSG/NCSL Joint Task Force Meeting Date Received: March 19-20, 2016  
Gift (Description): CSG Stipend Value/Cost: \$800.00
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
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