



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/29/2016 11:41:28 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**

Jordan	Georgette "Jo"	J
Last Name	First Name	M.I.
Legislative	State Representative	
State Agency	State Position	

**CONTACT INFORMATION**

415 S. Beretania St		
Room 323		
Number and Street or P.O. Box		
Honolulu	HI	96813
City	State	Zip Code
808-586-8460	repjordan@capitol.hawaii.gov	
Telephone	Extension	Email Address

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

1. Donor: None Date Received: \_\_\_\_\_  
 Gift (Description): Nothing to Report Value/Cost: \_\_\_\_\_
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**

Georgette "Jo" Jordan	6/29/2016
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.