



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
7/7/2016 3:48:27 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

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		
Number and Street or P.O. Box		
Honolulu	HI	96813
City	State	Zip Code
(808)586-4410	ginny.pressler@doh.hawaii.gov	
Telephone	Extension	Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: National Governors Association (NGA) Date Received: 10/20/15  
 Gift (Description): Air, hotel, ground trans., food and beverage Value/Cost: \$1,585.00
2. Donor: Hawaii Island Chamber of Commerce Date Received: 02/02/16  
 Gift (Description): Airfare and lunch as speaker Value/Cost: \$228.40
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

Virginia Pressler Fisher	7/7/2016
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.