



FORM  
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(Rev. 5/2013)

Hawaii State Ethics Commission Received  
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# 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

Kane	Emmit	
Last Name	First Name	M.I.
Budget & Finance, ERS	Trustee	
State Agency	State Position	

## CONTACT INFORMATION

201 Merchant Street, Suite 1400

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
(808) 587-1000	emmitkane@gmail.com	
Telephone	Extension	Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: The Pension Bridge Date Received: 4/5/16  
 Gift (Description): Registration fee Value/Cost: \$125.00
- 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

Lori Kim	2/19/2016
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.