



FORM  
GD1  
(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

Buto	Julie	N
Last Name	First Name	M.I.
Judiciary, State of Hawaii		Program Director, CJC Oahu
State Agency		State Position

## CONTACT INFORMATION

Children's Justice Center of Oahu  
3019 Pali Highway  
Number and Street or P.O. Box

Honolulu	HI	96817
City	State	Zip Code
(808) 534-6707	julie.n.buto@courts.hawaii.gov	
Telephone	Extension	Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Assistance Dogs of Hawaii Date Received: 01/08/2016  
Gift (Description): RT airfare--Honolulu, HI to Kahului, Maui Value/Cost: 142.40
- Donor: Assistance Dogs of Hawaii Date Received: 01/08/2016  
Gift (Description): Shipping of facility dog to Kahului via cargo Value/Cost: 148.75
- Donor: Assistance Dogs of Hawaii Date Received: 01/08/2016  
Gift (Description): Travel water bottle for shipping crate Value/Cost: 15.70
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

## FILER

Julie N. Buto	2/25/2016
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.