FORM
GD1
(Rev. 5/2013)

HAWAII STATE ETHICS COMMISSION
GIFTS DISCLOSURE STATEMENT

'16 MAY 16 A10 :32

(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)

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

Last Name	First Name	M.I.
Kaneshiro	Karl	

State Agency	State Position
Budget & Finance / ERS	ERS Benefits Manager

CONTACT INFORMATION

201 Merchant Street
Number and Street or P.O. Box

City	State	Zip Code
Honolulu	Ha	96813

Telephone	Extension	Email Address
(808) 586-1649		karl.kaneshiro@hawaii.gov

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: Hawaii Government Employees Association Date Received: January 10, 2015
   Gift (Description): Round-trip Airfare, Honolulu to Kailua-Kona, HI Value/Cost: $180.00
2. Donor: Hawaii Government Employees Association Date Received: January 24, 2015
   Gift (Description): Round-trip Airfare, Honolulu to Kahului, Maui Value/Cost: $180.00
3. Donor: Hawaii Government Employees Association Date Received: March 7, 2015
   Gift (Description): Round-trip Airfare, Honolulu to Lihue, Kauai Value/Cost: $180.00
4. Donor: Hawaii Government Employees Association Date Received: March 14, 2015
   Gift (Description): Round-trip Airfare, Honolulu to Hilo, Hawaii Value/Cost: $180.00
5. Donor: Hawaii Government Employees Association Date Received: May 16, 2015
   Gift (Description): Round-trip Airfare, Honolulu to Kahului, Maui Value/Cost: $180.00

☐ **Check here if additional sheets are attached**

FILER

Karl J Kaneshiro — 5/6/2016
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.