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FORM
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(Rev. 5/2013)

STATE OF HAWAII
STATE ETHICS COMMISSION



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

Kodama	Judy	
Last Name	First Name	M.I.
Hawaii State Board of Nursing/HHCS (MMMC)	Board Member/Dir of Nursing	31
State Agency	State Position	

CONTACT INFORMATION

310 S. Alu Rd

Number and Street or P.O. Box

Wailuku	Hi	96793
City	State	Zip Code
(808) 283-6671	jkodama001@gmail.com	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|----------------------------------------------------------|-------------------------------------|
| 1. | Donor: <u>NCSBN (Nat.Council of State Board of Nurs)</u> | Date Received: <u>10/27-29/2015</u> |
| | Gift (Description): <u>Round Trip Airfare (OGG-SF)</u> | Value/Cost: <u>\$900</u> |
| 2. | Donor: <u>NCSBN</u> | Date Received: <u>10/27-29/2015</u> |
| | Gift (Description): <u>Lodging (2 Nights)</u> | Value/Cost: <u>\$400</u> |
| 3. | Donor: <u>NCSBN</u> | Date Received: <u>10/27-29/2015</u> |
| | Gift (Description): <u>Conference Reg Fee</u> | Value/Cost: <u>\$200</u> |
| 4. | Donor: <u>NCSBN</u> | Date Received: <u>3/14-16/2016</u> |
| | Gift (Description): <u>Round Trip Airfare (OGG-MD)</u> | Value/Cost: <u>\$1,200</u> |
| 5. | Donor: <u>NCSBN</u> | Date Received: <u>3/14-16/2016</u> |
| | Gift (Description): <u>Lodging (2 nights)</u> | Value/Cost: <u>\$400</u> |

Check here if additional sheets are attached

FILER

Judy Kodama	5/20/2016
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.

GIFTS DISCLOSURE STATEMENT FORM – ADDITIONAL SHEET

Name: Judy Y Kodama Date: 5/20/2016 Page 2 of 2

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: NCSBN Date Received: 3/14-16/2016
Gift (Description): Conference Registration Fee Value/Cost: \$200
- Donor: MedAsset Date Received: 11/8-11/2015
Gift (Description): Round Trip Airfare (OGG-TX) Value/Cost: \$800
- Donor: MedAsset Date Received: 11/8-11/2015
Gift (Description): Lodging (3 Nights) Value/Cost: \$600
- Donor: MedAsset Date Received: 4/26-28/2016
Gift (Description): Round Trip Airfare (OGG-NV) Value/Cost: \$800
- Donor: MedAsset Date Received: 4/26-28/2016
Gift (Description): Lodging (3 Nights) Value/Cost: \$450
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
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