



FORM
GD1
(Rev. 5/2013)



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

Uyehara
Last Name

Letitia
First Name

N.
M.I.

DOA/Agribusiness Development Corporation
State Agency

State Board Member
State Position

CONTACT INFORMATION

38 S. Judd Street, #8A

Number and Street or P.O. Box

Honolulu
City

HI
State

96817
Zip Code

(808) 946-6437

tishau@armstrongproduce.com

Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: HAPA (Hawaii Asia Pacific Association) Date Received: June 25, 2015
 Gift (Description): travel, hotel/lodging, meals, grnd transportation Value/Cost: \$2275.00
2. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
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

Letitia N. Uyehara

5/27/2016

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.