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FORM GD1 (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

Last Name Tokuda First Name Jill M.I. N State Agency Hto Senate State Position Senator

CONTACT INFORMATION

415 S. Beretania St

Number and Street or P.O. Box

City Honolulu State HI Zip Code 96813

Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: N/A Date Received: Gift (Description): Value/Cost: 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

Jill

June 14, 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.