



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 GREEN First Name Joshua M.I. B State Agency State Senate State Position Senator

CONTACT INFORMATION

Number and Street or P.O. Box POB 487 City Kailua-KONA State HI Zip Code 96745 Telephone 808 937 0991 Extension Email Address joshuaboothgreen@yahoo.com

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: No gifts received Date Received: Gift (Description): that exceed the threshold, Value/Cost: 2. Donor: only small gifts of aloha Date Received: Gift (Description): (chips, cookies etc.) Value/Cost: 3. Donor: PJL 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

Joshua B. Green Date (m/d/yyyy) 6/28/16 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.