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STATE OF HAWAII
STATE ETHICS COMMISSION

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

Last Name	First Name	M.I.
Hidano	Audrey	E.

State Agency	State Position
Dept. of General Accounting & General Services	Deputy Comptroller

CONTACT INFORMATION

1151 Punchbowl Street

Number and Street or P.O. Box

City	State	Zip Code
Honolulu	HI	96813

Telephone	Extension	Email Address
(808) 586-0402		audrey.hidano@hawaii.gov

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: n/a Date Received: _____
   Gift (Description): _____ Value/Cost: _____
2. Donor: n/a Date Received: _____
   Gift (Description): _____ Value/Cost: _____
3. Donor: n/a Date Received: _____
   Gift (Description): _____ Value/Cost: _____
4. Donor: n/a Date Received: _____
   Gift (Description): _____ Value/Cost: _____
5. Donor: n/a Date Received: _____
   Gift (Description): _____ Value/Cost: _____

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

FILER

Audrey E. Hidano — Print Name of Filer *(First M.I. Last)*

6/29/2016 — 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.