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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.
Waihee IV	John	D

State Agency	State Position
Office Of Hawaiian Affairs	Trustee, At-Large

CONTACT INFORMATION

801 South Street #512

Number and Street or P.O. Box

City	State	Zip Code
Honolulu	HI	96813

Telephone	Extension	Email Address
(808) 595-0999		jwaihee@gmail.com

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: _____ 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

John D. Waihee IV — 6/28/2016

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.