



FORM
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(Rev. 5/2013)

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HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

STATE OF HAWAII
STATE ETHICS COMMISSION

(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

| | | |
|--------------|----------------|------|
| Kim | Donna | M |
| Last Name | First Name | M.I. |
| Legislature | Senator | |
| State Agency | State Position | |

CONTACT INFORMATION

415 South Beretania Street, Room 218

Number and Street or P.O. Box

| | | |
|----------------|---------------------------|---------------|
| Honolulu | HI | 96813 |
| City | State | Zip Code |
| (808) 587-7200 | senkim@capitol.hawaii.gov | |
| Telephone | Extension | Email Address |

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Joint Ctr for Political and Economic Studies Date Received: 6/10/2015
 Gift (Description): airfare, hotel Value/Cost: \$1903.64
2. Donor: Senate Presidents' Forum Date Received: 7/8/2015
 Gift (Description): airfare, flight insurance, hotel, taxi, meals Value/Cost: \$4497.70
3. Donor: National Foundation for Women Legislators Date Received: 9/11/2015
 Gift (Description): airfare, hotel, registration fee Value/Cost: \$1509.00
4. Donor: National Hispanic Caucus of State Legislator Date Received: 9/24/2015
 Gift (Description): airfare, hotel, taxi, meals Value/Cost: \$2510.41
5. Donor: Foundation for Excellence in Education Date Received: 10/22/2015
 Gift (Description): airfare, hotel, taxi Value/Cost: \$1546.83

Check here if additional sheets are attached

FILER

Anna Mercedes Kim

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.

GIFTS DISCLOSURE STATEMENT FORM – ADDITIONAL SHEET

Name: Donna Mercado Kim Date: JUN 28 2016 Page 2 of 2

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Hispanic Council for Reform & Ed Oppotunities Date Received: 11/5/2015
Gift (Description): registration fee, airfare, hotel, taxi Value/Cost: \$1701.69
- Donor: National Hispanic Caucus of State Legislators Date Received: 11/19/2015
Gift (Description): registration fee, airfare, hotel Value/Cost: \$1300.00
- Donor: Women in Government Date Received: 1/8/2016
Gift (Description): airfare, hotel Value/Cost: \$1519.00
- Donor: National Assn of Latino Elected & Appt Officials Date Received: 2/25/2016
Gift (Description): airfare, hotel Value/Cost: \$1237.50
- Donor: LOTTE Co., Ltd. Date Received: 4/11/2016
Gift (Description): LOTTE Welcome Gala Dinner Value/Cost: \$100.00
- Donor: Women in Government Date Received: 5/19/16
Gift (Description): airfare, hotel, taxi Value/Cost: \$812.00
- Donor: _____ Date Received: _____
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