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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	First Name	M.I.
Johanson	Aaron	L

State Agency	State Position
House of Representatives	State Representative

CONTACT INFORMATION

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State Capitol, Room 427

Number and Street or P.O. Box

City	State	Zip Code
Honolulu	HI	96813

Telephone	Extension	Email Address
(808) 586-9470		repjohanson@capitol.hawaii.gov

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: American Council of Young Political Leaders Date Received: 12/2/2015
   Gift (Description): Airfare, Lodging, Meals, Ground Transportation Value/Cost: $6301.58
2. Donor: Date Received:
   Gift (Description): (cont) for Diplomatic/Cultural Exchange to India 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

Aaron L. Johanson — 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.