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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

BROWER

TOM

Last Name

First Name

M.I.

State Agency

HOUSE OF REPRESENTATIVES

State Position

STATE LEGISLATOR

### CONTACT INFORMATION

Number and Street or P.O. Box

415 SOUTH BERETANIA STREET, ROOM 315

City

HONOLULU

State

HAWAII

Zip Code

96813

Telephone

Extension

Email Address

### 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

Tom Brower

Date (m/d/yyyy)

6/30/16

Print Name of Filer (First M.I. Last)

**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.