



FORM GD1 (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

McDermott Bob C. Last Name First Name M.I.

Legislature State Agency STATE Rep. State Position

CONTACT INFORMATION

91-982 OLOLANE Street Number and Street or P.O. Box EWA Beach City HI 96706 State Zip Code

371-4605 Telephone Extension Bob@unitedshredtechnologies.tv Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: Date Received: Gift (Description): Value/Cost: NONE
- 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

Bob McDermott 6/27/2016 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.