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**

| | | |
|---|---|---|
| GABRIEL | ANONA | L |
| Last Name | First Name | M.I. |
| Judiciary, 1st Circuit, DCCA | Program Specialist | |
| State Agency | State Position | |

**CONTACT INFORMATION**

4675 Kapolei Parkway

Number and Street or P.O. Box

| | | |
|---|---|---|
| Kapolei | Hawaii | 96707 |
| City | State | Zip Code |

954-8275 anona.l.gabriel@courts.hawaii.gov

Telephone Extension Email Address

**GIFT INFORMATION** *(LIST EACH GIFT SEPARATELY)*

1. Donor: Policy Research Associates, Inc — Date Received: 5/19/16
   Gift (Description): airfare to/from New Orleans, Louisiana — Value/Cost: $916.99
2. Donor: Policy Research Associates, Inc — Date Received: 6/28/16
   Gift (Description): baggage fee (2x) — Value/Cost: $50
3. Donor: Policy Research Associates, Inc — Date Received: 6/28/16
   Gift (Description): ground transportation to/from airport — Value/Cost: $44
4. Donor: Policy Research Associates, Inc — Date Received: 6/28/16
   Gift (Description): Hotel lodging for 3 nights — Value/Cost: $495.63
5. Donor: Policy Research Associates,Inc — Date Received: 6/28/16
   Gift (Description): Meals and incidentals — Value/Cost: $162

☐ **Check here if additional sheets are attached**

**FILER** Anona L. Gabriel

Anona L. Gabriel — 6/29/16

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.