



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

Goo	Anthony	D
Last Name	First Name	M.I.
Employees' Retirement System	Investment Officer - Liquid Mkts	
State Agency	State Position	

CONTACT INFORMATION

201 Merchant St. Ste. 1400
City Financial Tower
Number and Street or P.O. Box

Honolulu HI 96813
City State Zip Code

(808) 586-1796 anthony.goo@hawaii.gov
Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|---|---------------------------|
| 1. | Donor: Institutional Investor | Date Received: 10/07/2016 |
| | Gift (Description): Airfare | Value/Cost: \$837.14 |
| 2. | Donor: Institutional Investor | Date Received: 10/07/2016 |
| | Gift (Description): Lodging (4 nights) | Value/Cost: \$1,392.16 |
| 3. | Donor: Markets Group | Date Received: 12/08/2016 |
| | Gift (Description): Airfare | Value/Cost: 458.00 |
| 4. | Donor: Markets Group | Date Received: 12/08/2016 |
| | Gift (Description): Lodging (2 nights) | Value/Cost: \$626.38 |
| 5. | Donor: Markets Group | Date Received: 12/08/2016 |
| | Gift (Description): Ground transportation-round trip (BART) | Value/Cost: \$17.30 |

Check here if additional sheets are attached

FILER

Anthony D. Goo	6/30/2016
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.