



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

Last Name YOSHIDA

First Name KARAH

M.I. E.

State Agency HHSC - HMC

State Position IMAGING SUPERVISOR

CONTACT INFORMATION

Number and Street or P.O. Box HILO MEDICAL CENTER
1190 WAIANUENUE AVE.

City HILO

State HI

Zip Code 96720

Telephone 808-932-3804 Extension _____

Email Address kyochida@hhsc.org

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: CARESTREAM Date Received: 8/9/16
Gift (Description): AIRFARE FOR SITE VISIT Value/Cost: \$226.41
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

KARAH E. YOSHIDA

8/10/2016

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.