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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

Last Name CANAS

First Name DANIEL

M.I. NM

State Agency HHSC - HMC

State Position IMAGING SUPERVISOR

CONTACT INFORMATION

Number and Street or P.O. Box HILD MEDICAL CENTER

City HILU

State HI

Zip Code 96720

Telephone 8089323803 Extension _____

Email Address dcanas@hhsc.org

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Carestream Date Received: 08.08.2016
 Gift (Description): Airfare for site visit Value/Cost: \$226.41
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

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

8/30/2016
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.