FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commmission Received
6/22/2017 7:10:52 AM

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	First Name	M.I.
Szigeti	George	D

State Agency	State Position
Hawaii Tourism Authority	President & CEO

CONTACT INFORMATION

1801 Kalakaua Avenue

Number and Street or P.O. Box

City	State	Zip Code
Honolulu	HI	96815

Telephone	Extension	Email Address
(808)973-2255		george@gohta.net

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: **NONE TO REPORT** Date Received: _____
   Gift (Description): _____ Value/Cost: _____
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

George D. Szigeti — Print Name of Filer *(First M.I. Last)*

06/22/2017 — 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.