



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/30/2017 3:36:45 PM



# 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

Cullen	Ty	J.K.
Last Name	First Name	M.I.
Hawaii State Legislature		Representative
State Agency		State Position

### CONTACT INFORMATION

415 S. Beretania St. #316

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
(808)586-8490	repcullen@capitol.hawaii.gov	
Telephone	Extension	Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: NCSL Legislative Institute on Higher Ed. Date Received: October 2016  
 Gift (Description): Air, hotel, transportation Value/Cost: 1,672.06
2. Donor: Taipei Economic and Cultural Office Date Received: May 2017  
 Gift (Description): Air, hotel, meals, transportation Value/Cost: 5750.00
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

<u>Ty J. K. Cullen</u>	<u>6/30/2017</u>
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.