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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

Maemori	William	
Last Name	First Name	M.I.
Judiciary	Supervising Probation Officer	
State Agency	State Position	

CONTACT INFORMATION

777 Punchbowl Street

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
(808) 539-4484	william.d.maemori@courts.hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|--|----------------------------------|
| 1. | Donor: <u>VERA Institute Of Justice</u> | Date Received: <u>12/01/2016</u> |
| | Gift (Description): <u>Aifrare- Delta (Coach)</u> | Value/Cost: <u>1,066.00</u> |
| 2. | Donor: <u>VERA Institute of Justice</u> | Date Received: <u>11/15/2016</u> |
| | Gift (Description): <u>Lodging (Hilton) 4 nights</u> | Value/Cost: <u>496.00</u> |
| 3. | Donor: <u>VERA Institute of Justice</u> | Date Received: <u>12/20/2016</u> |
| | Gift (Description): <u>Ground Transportation</u> | Value/Cost: <u>365.00</u> |
| 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>William Maemori</u>	<u>1/17/2017</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.