



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 TOKUDA First Name JILL M.I. N State Agency STATE SENATE State Position SENATOR

CONTACT INFORMATION

Number and Street or P.O. Box 415 S. BERETANIA City HONOLULU State HAWAII Zip Code 96813 Telephone 587-7215 Extension Email Address sentokuda@capitol.hawaii.gov

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: N/A 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

Print Name of Filer (First M.I. Last) Jill N Tokuda Date (m/d/yyyy) June 21, 2017

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.