



FORM  
GD1  
(Rev. 5/2013)

STATE OF HAWAII  
STATE ETHICS COMMISSION



**HAWAII STATE ETHICS COMMISSION  
GIFTS DISCLOSURE STATEMENT**

(2nd Amendment)

(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**

Akana	Rowena	M.
Last Name	First Name	M.I.
Office of Hawaiian Affairs	Trustee At-Large	
State Agency	State Position	

**CONTACT INFORMATION**

Rowena M. Akana  
 5562 Kalaniana'ole Highway  
 Number and Street or P.O. Box

Honolulu	HI	96821
City	State	Zip Code
(808) 594-1860	rowenaa@oha.org	
Telephone	Extension	Email Address

**GIFT INFORMATION (LIST EACH GIFT SEPARATELY)**

1. Donor: Abigail Kawananakoa Date Received: 12.16.16  
 Gift (Description): Legal fees Value/Cost: 447.28
2. Donor: Abigail Kawananakoa Date Received: 04.28.17  
 Gift (Description): Legal fees Value/Cost: 15,513.15
3. Donor: Abigail Kawananakoa Date Received: 06.17.17  
 Gift (Description): \_\_\_\_\_ Value/Cost: 6,000.00
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)	9/8/2017
	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.