



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
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# 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

Kunishige	Karl	D
Last Name	First Name	M.I.
Department of Transportation	Engineer VI	
State Agency	State Position	

### CONTACT INFORMATION

91-1121e La'aulu Street

Number and Street or P.O. Box

Ewa Beach	HI	96706
City	State	Zip Code
685-6399	moguls_2@yahoo.com	
Telephone	Extension	Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: HGEA Date Received: April 23, 2015  
 Gift (Description): Palama Settlement Golf Tournament entry fee Value/Cost: \$225
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

### FILER

<u>Karl D. Kunishige</u>	<u>6/26/2015</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.