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FORM GD1 (Rev. 5/2013)

STATE OF HAWAII
STATE ETHICS COMMISSION
AMENDED



**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
 Akana Rowena M
 Last Name First Name M.I.
 Office of Hawaiian Affairs Trustee
 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)

- Donor: Abigail Kawenawakoe Date Received: _____
 Gift (Description): Legal Fees Value/Cost: 15,960.43
- 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

Rowena M. Akana 6/20/17
 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.