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

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GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: N/A  Date Received:  Value/Cost:
   Gift (Description): 

2. Donor:  Date Received:  Value/Cost:
   Gift (Description): 

3. Donor:  Date Received:  Value/Cost:
   Gift (Description): 

4. Donor:  Date Received:  Value/Cost:
   Gift (Description): 

5. Donor:  Date Received:  Value/Cost:
   Gift (Description): 

[ ] Check here if additional sheets are attached

FILER

JILL N. TOKUDA  Date: June 21, 2017

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.