

**HAWAII STATE ETHICS COMMISSION**

1001 Bishop Street, ASB Tower Suite 970
Honolulu, Hawaii 96813
P.O. Box 616, Honolulu, Hawaii 96809
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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 on June 30)

NAME: Wesley Lo

STATE POSITION: Regional Chief Executive
OfficerSTATE AGENCY: Hawaii Health Systems Corporation
(Maui Memorial Medical Center)STATE TEL. NO.:
(808) 442-5100STATE MAILING ADDRESS:
221 Mahalani Street
Wailuku, HI 96793

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	None		None						

