

**HAWAII STATE ETHICS COMMISSION**

1001 Bishop Street, ASB Tower Suite 970
 Honolulu, Hawaii 96813
 P.O. Box 616, Honolulu, Hawaii 96809
 Telephone: 587-0460 Fax: 587-0470
 email: ethics@hawaiiethics.org

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: Patrick Saka

STATE POSITION:

Chief Financial Officer/
 Chief Administrative Officer

STATE AGENCY: Hawaii Health Systems Corporation
 (Maui Memorial Medical Center)

STATE TEL. NO.:
 (808) 442-5104

STATE 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 Received | | | | | | |
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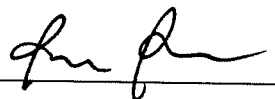
| 1 | DONOR | 2 | 3 | DATE REC'D | 4 | GIFT VALUE | 5 | AGG. VALUE |
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STATE ETHICS COMMISSION

____ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.



SIGNATURE

5/29/07

DATE