HAWAII STATE ETHICS COMMISSION
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original

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 July 2)

NAME: Lyla B. Berg

STATE POSITION: State Representative

STATE AGENCY: Legislature

STATE TELEPHONE NO.: 586.6510

STATE MAILING ADDRESS: State Capitol, Room 324
Honolulu, HI 96813

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
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1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	'07 JUL 23			

____ Check here if you have attached additional sheets.

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

Signature Block

SIGNATURE

DATE