HAWAII STATE ETHICS COMMISSION
1001 Bishop Street, American Savings Bank Tower 970
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:	STATE POSITION:
Chiyome Leinaala Fukino, M.D.	Director of Health
STATE AGENCY: Hawaii State Department of Health	**STATE TEL. NO.:** 586-4410
STATE MAILING ADDRESS: 1250 Punchbowl Street, Rm. 326 Honolulu, HI 96813	

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

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

'08 JUN 30 A9:57
STATE OF HAWAII
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 Block

JUN 26 2008

SIGNATURE **DATE**