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: Rep. Robert N. Herkes	STATE POSITION: Representative State of Hawaii
STATE AGENCY: Legislative Branch House of Representatives	STATE TEL. NO.: (808) 586-8400
STATE MAILING ADDRESS: State Capitol 415 South Beretania Street, Room 320 Honolulu, Hawaii 96813	

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	I have nothing to disclose during this filing period.			

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

____ 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

June 30, 2008

DATE