



HAWAII STATE ETHICS COMMISSION
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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: WILLIAM P. SHEEHAN, M.D.	STATE POSITION: AMHD MEDICAL DIRECTOR
STATE AGENCY: DEPARTMENT OF HEALTH - ADULT MENTAL HEALTH DIV.	STATE TEL. NO.: (808) 586-4691
STATE MAILING ADDRESS: P. O. BOX 3378, ROOM 256 HONOLULU, HAWAII 96801-3378	

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	THE DOCTORS MANAGMENT GROUP (TDC)		TRAVEL STIPEND TO ATTEND ANNUAL POLICYHOLDER ADVISORY BOARD MEETING		9/30/08		\$750.00		

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