



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: <i>Linda L. Smith</i>	STATE POSITION: <i>Advisor</i>
STATE AGENCY: <i>Office of the Governor</i>	STATE TEL. NO.: <i>808-586-5330</i>
STATE MAILING ADDRESS: <i>5th Floor, State Capitol Bldg Honolulu, Hawaii 96813</i>	

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	<i>NONE</i>		<i>NONE</i>		<i>NONE</i>		<i>N/A</i>		<i>N/A</i>

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

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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.

Linda L. Smith

June 20, 2009

SIGNATURE

DATE