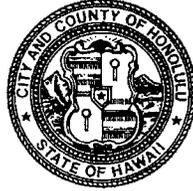


HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1814
Phone: (808) 723-7800 • Fax: (808) 723-7836



KIRK CALDWELL
MAYOR

JAMES D. HOWE, JR.
DIRECTOR

IAN T.T. SANTEE
DEPUTY DIRECTOR

August 11, 2020

The Honorable Ikaika Anderson, Chair
Honolulu City Council
530 South King Street, Room 202
Honolulu, Hawaii 96813

Dear Chair Anderson and Councilmembers:

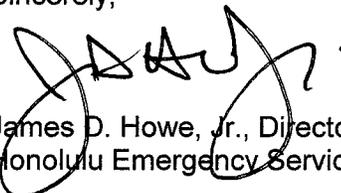
RE: Quarterly Report of Gifts Valued at \$2,500 or Less and Requested Acceptance

This report to Council enumerates all gifts taken into custody by the Honolulu Emergency Services Department for the quarter ending June 30, 2020. This report is submitted under the provisions of Resolution No. 05-349, CDI, FDI. Information on each gift is set forth in the attached Exhibit A, "Quarterly Report of Gifts Received Valued at \$2,500 or Less Under Resolution No. 05-349, CDI, FDI."

We respectfully request the acceptance of these gifts by the Council on behalf of the City and County of Honolulu.

Please feel free to call me at 723-7800, if you have any questions regarding this report.

Sincerely,



James D. Howe, Jr., Director
Honolulu Emergency Services Department

Attachment

APPROVED:

Roy K. Amemiya, Jr.
Managing Director

Exhibit A

**QUARTERLY REPORT OF GIFTS RECEIVED VALUED AT \$2,500 OR LESS
UNDER RESOLUTION NO. 05-349, CDI, FDI**

City Agency: Honolulu Emergency Services Department

Quarter Ending: June 30, 2020

The following gifts were taken into custody by the agency in the previous quarter.

Description of Gift	Donor's Estimated Value of Gift	Donor
Bento boxes for lunch	\$1,320	Raynor Overhead Doors & Gates
Face masks	\$700	Kenneth Morris
Face shields	\$0	Iolani School
Face shields	\$300	Kamanu Composites
Hand sanitizers (1 st donation)	\$1,407	Aloha Green Holding, Inc.
Hand sanitizers (2 nd donation)	\$2,010	Aloha Green Holding, Inc.
Water boxes	\$550	Pacific Aqua Beverages
Breakfast meal & gift bag	\$150	Arcadia Family of Companies
Lunch	\$100	Fozia Fearnley
Cloth masks	\$250	Na Mea Hawaii
Cloth masks (2 donations)	\$375	Sandy Choy
Bentos & care packs	\$300	15 Craigsid Retirement Community
Face masks	\$0	Tim Mo
Cloth masks	\$100	Le Jardin Academy
Bentos	\$500	Triton Concrete Coatings
Snacks	\$540	Sticky Fingers Snacks LLC
Packaged meal (2 donations)	\$1,200	Central Pacific Bank Foundation
Bentos	\$1,500	MW Restaurant
Check donation	\$500	Alexion Pharmaceuticals
Meals	\$900	Mandalay Hawaii
Meals	\$600	Tommy Bahama Restaurant Waikiki
Masks N95	\$2000	Min Zhu/Hawaii Chinese American & Local Community
Cookies	\$1000	Four Seasons Resort Oahu at Ko Olina
Cookies	\$1,000	Honolulu Cookie Company
Cash (3 donations)	\$300	Hawaii National Bank



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Raynor Overhead Doors and Gates Inc.
DONOR'S ADDRESS	96-1368 Waihona Street #4
	Pearl City, HI 96782
DONOR'S TELEPHONE	(808) 284-1947

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
34 Bento Boxes for EMT/Paramedics, Chiefs, others who the City decides to give them to.	\$ 374.00
TOTAL	\$ 374.00

SIGNATURE: *Peter Eldridge*

DATE: 5/5/2020

PRINT NAME: Peter Eldridge

TITLE: President



CITY AND COUNTY OF HONOLULU

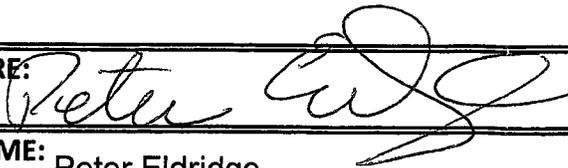
DECLARATION OF GIFT

NAME OF DONOR	Raynor Overhead Doors and Gates Inc.
DONOR'S ADDRESS	96-1368 Waihona Street #4
	Pearl City, HI 96782
DONOR'S TELEPHONE	(808) 284-1947

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
30 - Bento boxes for lunches for EMT/Paramedics	\$ 330.00
TOTAL	\$ 330.00

SIGNATURE: 

DATE: 4/23/2020

PRINT NAME: Peter Eldridge

TITLE: President



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Raynor Overhead Doors and Gates Inc.
DONOR'S ADDRESS	96-1368 Waihona Street #4
	Pearl City HI 96782
DONOR'S TELEPHONE	(808) 284-1947 *cell

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
Bento Boxes for Lunches to Dispatch, EMT and paramedics 52	\$ 616.00
TOTAL \$ 616.00	

SIGNATURE:	DATE: 4/14/2020
PRINT NAME: Peter Eldridge	TITLE: President

x 4/14/20
Approved - HESD Director Date



CITY AND COUNTY OF HONOLULU

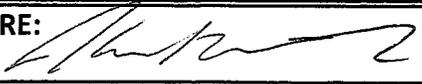
DECLARATION OF GIFT

NAME OF DONOR	Kenneth Morris
DONOR'S ADDRESS	1561 Ulueo St.
	Kaunua, HI 96734
DONOR'S TELEPHONE	(808) 753-2887

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
Face Masks x 1,000	\$700.00
TOTAL \$0.00 \$700.00	

SIGNATURE: 	DATE: 4/8/20
PRINT NAME: Kenneth Morris	TITLE: Sales Representative, Stryker



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

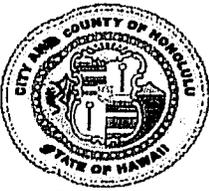
NAME OF DONOR	Iolani School
DONOR'S ADDRESS	563 Kamoku Street
	Honolulu, Hawaii 96826
DONOR'S TELEPHONE	808-949-5355

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
Face Shields	
TOTAL \$ 0.00	

SIGNATURE: <i>Chris Shimabuku</i>	DATE: 4/20/20
PRINT NAME: Chris Shimabuku	TITLE:



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Kamanu Composites
DONOR'S ADDRESS	905 Kalaniana'ole Hwy
	STE 601
	Kailua HI 96734
DONOR'S TELEPHONE	808 639 7782

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
50 Face Shields	\$ 300.00
TOTAL	\$ 300.00

SIGNATURE: 

DATE: 04/08/2020

PRINT NAME: Aria Juliet Castillo

TITLE: Office Manager



Approved

CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Aradia Family of Companies
DONOR'S ADDRESS	1434 Punahou Street Honolulu, HI 96822
DONOR'S TELEPHONE	(808)941-0941

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

Breakfast meal with gift bag containing a mask and mini hand-sanitizer.

DESCRIPTION OF GIFT	VALUE
6 X Breakfast meal with gift bag containing a mask and mini hand-sanitizer. \$25/each	\$ 150.00
TOTAL	\$ 150.00

SIGNATURE:	DATE: 5/7/2020
PRINT NAME: Heidi Pliszka	TITLE: COO



2nd 2nd

CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Aloha Green Holdings Inc.
DONOR'S ADDRESS	1314 S. King St.
	Honolulu, HI <i>96814</i>
DONOR'S TELEPHONE	8088001226

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
Donation to C&C EMS 30 Gallons of antispetic (hand sanitizer) @ \$67 per gallon	\$ 2,010.00
TOTAL	\$ 2,010.00

SIGNATURE:	DATE: <i>5/6/2020</i>
PRINT NAME: Wayne K. Wills	TITLE: Director of Security



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Aloha Green Holding, Inc
DONOR'S ADDRESS	2113 Kalakaua Ave Honolulu, HI 96815
DONOR'S TELEPHONE	(808) 369-2888

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

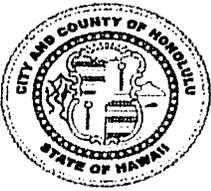
DESCRIPTION OF GIFT	VALUE
21 gallons of Hand Sanitizer	\$67 /gallon
	TOTAL \$0.00 \$1,407.00

SIGNATURE: *Wayne Wilk*

DATE: 4/17/2020

PRINT NAME: Wayne Wilk

TITLE: Director of Security



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	FOZIA FEARNLEY
DONOR'S ADDRESS	725 KAPIOLANI BLVD
	APT # 3202
	HONOLULU HI 96813
DONOR'S TELEPHONE	(808) 393-1979

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

In appreciation of the hard work by front line staff during these unusual times.

Sorry, it's not much offering. I am working with other local first responders also. Just my small token of appreciation ♡

DESCRIPTION OF GIFT	VALUE
Lunch delivery	\$100
TOTAL \$ 0.00	

SIGNATURE: <i>Fearnley</i>	DATE: APRIL 23 rd 2020
PRINT NAME: FOZIA FEARNLEY	TITLE: KAKA'AKO RESIDENT



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

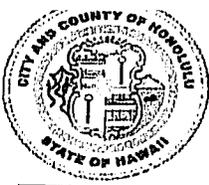
NAME OF DONOR	NA MEA HAWAII
DONOR'S ADDRESS	1200 KLA MOANA BLVD
	STE 270
	HONOLULU, HI 96814
DONOR'S TELEPHONE	808 586 8885

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
50 cloth masks	\$ 5 each
	250.00
TOTAL	\$ 0.00

SIGNATURE: 	DATE: 5/5/20
PRINT NAME: Josh Tengam	TITLE: Project Manager



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Sandy Croy
DONOR'S ADDRESS	47-494 Apau Ln Kaneohe HI 96744
DONOR'S TELEPHONE	808 2399441

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

[Empty space for statement of ownership and/or terms of conveyance]

DESCRIPTION OF GIFT	VALUE
625 fabric face masks	
TOTAL	\$

SIGNATURE: Sandy Croy	DATE: 6/16/2020
PRINT NAME: Sandy Croy	TITLE:



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Sandy Choy
DONOR'S ADDRESS	47-494 Apau hp Kaneohe Hi 96744
DONOR'S TELEPHONE	808 2399441

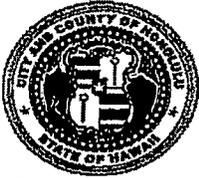
STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

Cloth face masks

DESCRIPTION OF GIFT	VALUE
<i>Cloth face masks for first responders</i>	<i>375.00</i>
TOTAL	\$0.00

SIGNATURE: <i>Sandy Choy</i>	DATE: <i>5/15/2020</i>
PRINT NAME: <i>Sandy Choy</i>	TITLE: <i>Retired</i>



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CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	15 Craigsid Retirement Community
DONOR'S ADDRESS	15 Craigsid Place
	Honolulu, Hawaii 96817
DONOR'S TELEPHONE	808-533-5427

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
12 Bento Lunches and Care packs (Reusable fabric mask and hand sanitizer and hand sanitizer carrier)	\$ 300.00
TOTAL	\$ 300.00

SIGNATURE: <i>Bree Komagome</i>	DATE: <i>5/7/20</i>
PRINT NAME: <i>Bree Komagome</i>	TITLE: <i>COO 15 Craigsid</i>



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Tim Mo
DONOR'S ADDRESS	2045 Iolani St. Honolulu HI 96817
DONOR'S TELEPHONE	(808) 688-8222

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
Masks	
TOTAL	\$ 0.00

SIGNATURE:	DATE: 5/5/2020
PRINT NAME: Tim Mo	TITLE:



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

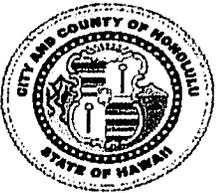
NAME OF DONOR	Le Jardin Academy
DONOR'S ADDRESS	917 Kalaniane'ole Hwy
	Kailua, HI 96734
DONOR'S TELEPHONE	808 265-7763

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
cloth masks	100 00
TOTAL	\$ 0.00

SIGNATURE: 	DATE:
PRINT NAME: Christina Hoe	TITLE: DIR. of experiential ed.



CITY AND COUNTY OF HONOLULU

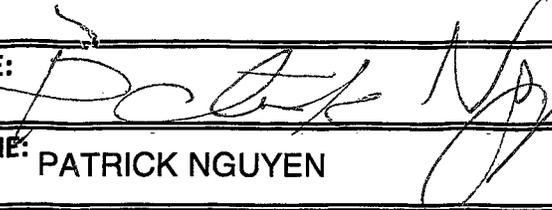
DECLARATION OF GIFT

NAME OF DONOR	TRITON CONCRETE COATINGS
DONOR'S ADDRESS	455 ANOLANI ST. HONOLULU, HI 96821
DONOR'S TELEPHONE	(808) 599-0908

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
JAPANESE BENTO MEALS FROM A LOCAL RESTAURANT	\$ 500.00
TOTAL \$ 500.00	

SIGNATURE: 	DATE: 5/22/2020
PRINT NAME: PATRICK NGUYEN	TITLE: PRESIDENT



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Sticky Fingers Snacks LLC
DONOR'S ADDRESS	PO BOX 1716
	Aiea, HI 96701
DONOR'S TELEPHONE	808-779-0186

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
	270.00
	270.00
	TOTAL \$ 0.00

SIGNATURE:	DATE: 05/08/20
PRINT NAME: Robyn Fujita	TITLE: Owner



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR		Central Pacific Bank Foundation
DONOR'S ADDRESS		PO Box 3590 Honolulu, HI 96811-3590
DONOR'S TELEPHONE		(808) 544-3762
STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE		
I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.		
DESCRIPTION OF GIFT		VALUE
30 Individually packaged meals (breakfast) prepared by Murphy's Bar & Grill		\$ 600.00
TOTAL		\$ 600.00
SIGNATURE: <small>DocuSigned by:</small> <i>Kyle Sakamoto</i>		DATE: May 21, 2020
PRINT NAME: Kyle Sakamoto		TITLE: VP & Treasurer



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Chanel Hebaru /CPB
DONOR'S ADDRESS	801 S King St Suite 300 / PO Box 3510 Honolulu, HI 96813 / 96811-3510
DONOR'S TELEPHONE	808-544-3740

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
30 individually packaged meals for Mau County Police Dept, Lahaina <i>Honolulu EMS</i> <i>GA</i>	600
TOTAL	<i>or</i> \$ 0.00 600.00
SIGNATURE: <i>Chanel Hebaru</i>	DATE: May 22, 2020
PRINT NAME: <i>Chanel Hebaru</i>	TITLE: Marketing & Events Officer



CITY AND COUNTY OF HONOLULU

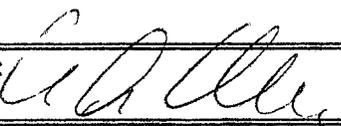
DECLARATION OF GIFT

NAME OF DONOR	MW Restaurant
DONOR'S ADDRESS	1538 Kapiolani Blvd Unit 107
	Honolulu, HI 96814
DONOR'S TELEPHONE	(808)955-6505

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
100 Chef Choice Bentos donated to Honolulu EMS.	\$15.00 each
TOTAL \$1,500. ⁰⁰	

SIGNATURE: 	DATE: 5/27/2020
PRINT NAME: Wade Ueoka	TITLE: Owner



U.S. Tax ID/EIN # 996001257

Apr 1

CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Janelle Hamabata
DONOR'S ADDRESS	3200 Erandeur Ave.
	Altadena, CA. 91001
DONOR'S TELEPHONE	(626) 826-1255

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
During this Covid-19 emergency crisis, I would like this donation to be utilized for purchases to assist paramedics and EMT's within the Honolulu EMS system.	
TOTAL	\$500.00

SIGNATURE:	DATE: 4.14.2020
PRINT NAME: Janelle Hamabata	TITLE: Regional account Manager, Alexion Pharmaceuticals.



Apr 13
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CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	The Mandalay Hawaii
DONOR'S ADDRESS	1055 Alakea Street
	Honolulu, Hawaii 96813
DONOR'S TELEPHONE	808-381-2163

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE:

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
<p>100 Individually packed meals for our EMTs during EMT week. Each plate will contain Rice, Salt and Pepper Pork chops, Sauteed Broccoli, and Potatoes</p> <p>*Items contain sesame seeds and nuts</p> <p>Request to deliver by May 21st, Thursday.</p>	\$9.00 / plate
TOTAL \$0.00 900.00	

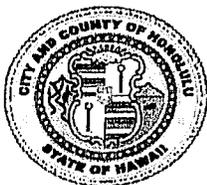
SIGNATURE: <i>Linda Y.W. Chan</i>	DATE: 5/13/2020
PRINT NAME: Linda Y.W. Chan	TITLE: Owner



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Tommy Bahama Restaurant Waikiki	
DONOR'S ADDRESS	298 Beachwalk Drive	
	Honolulu, HI 96815	
DONOR'S TELEPHONE	808.923.8785	
STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE		
<p>I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.</p>		
DESCRIPTION OF GIFT		VALUE
30 Plates - Rigatoni Bolognese, House Salad, Garlic Bread, Mini Malted Pie		\$ 600.00
TOTAL		\$ 600.00
SIGNATURE: 	DATE: 06/17/20	
PRINT NAME: Kenneth MacKenzie	TITLE: Executive Chef	



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Min Zhu / ^{represents} Hawaii Chinese American and local community
DONOR'S ADDRESS	99-577 Malama Heights Road Aiea, 96701
DONOR'S TELEPHONE	808-753-7313

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
3M-9010CN - N95 500 pieces	2000 \$
TOTAL \$ 0.00	

SIGNATURE:	DATE: 5/19/2020
PRINT NAME: min zhu	TITLE: APRN



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Four Seasons Resort Oahu at Ko Olina	
DONOR'S ADDRESS	92-1001 Olani Street	
	Kapolei, HI 96707	
DONOR'S TELEPHONE	(808) 679-3364	
- STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE		
I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.		
DESCRIPTION OF GIFT		VALUE
575 pieces - Honolulu Cookie Company		\$1,000
TOTAL		\$1,000.
SIGNATURE: 	DATE: 6-2-20	
PRINT NAME: Michelle Edwards	TITLE: Dir. of PR	

*OCS REVISED 10/2016



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

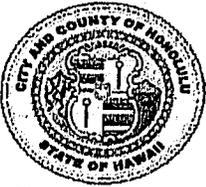
NAME OF DONOR	DARALYN BUGARIN (HONOLULU COOKIE COMPANY)
DONOR'S ADDRESS	45-404 KONALE PLACE KANEEOHE HI, 96744
DONOR'S TELEPHONE	808-294-8075

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
LOOSE COOKIES - ASSORTED	\$ 1,000.00
TOTAL	\$ 1,000.00

SIGNATURE:	DATE: 06/04/20
PRINT NAME: DARALYN BUGARIN	TITLE: STORE MANAGER - HILTON



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Hawaii National Bank
DONOR'S ADDRESS	45 North King Street, Honolulu, HI 96817
DONOR'S TELEPHONE	(808) 528-7887

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

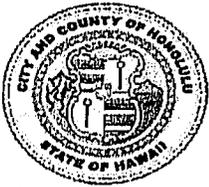
DESCRIPTION OF GIFT	VALUE
\$100 cash gift to Shara Molina for being selected as a Hawaii National Bank Hometown Hero to recognize her efforts during the COVID-19 Pandemic. Shara Molina was nominated by Michelle Molina, and was chosen as a winner on 6/19/2020.	
TOTAL \$0.00 ¹⁰⁰	

SIGNATURE: **Mika Ohata**
Digitally signed by Mika Ohata
Date: 2020.06.24 15:02:25
+10'00'

DATE: 6/24/2020

PRINT NAME: Mika Ohata

TITLE: Marketing Assistant



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Hawaii National Bank
DONOR'S ADDRESS	45 North King Street, Honolulu, HI 96817
DONOR'S TELEPHONE	(808) 528-7887

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
\$100 cash gift to Mitchell Kam for being selected as a Hawaii National Bank Hometown Hero to recognize his efforts during the COVID-19 Pandemic. Mitchell Kam was nominated by Kristine Bayot, and was chosen as a winner on 6/12/2020.	\$ 100.00
TOTAL	\$ 100.00

SIGNATURE: Mika Ohata <small>Digitally signed by Mika Ohata Date: 2020.06.19 08:47:25 +10'00'</small>	DATE: 6/19/2020
PRINT NAME: Mika Ohata	TITLE: Marketing Assistant



CITY AND COUNTY OF HONOLULU

DECLARATION OF GIFT

NAME OF DONOR	Hawaii National Bank
DONOR'S ADDRESS	45 North King Street, Honolulu, HI 96817
DONOR'S TELEPHONE	(808) 528-7887

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.

DESCRIPTION OF GIFT	VALUE
\$100 cash gift to Anthony Rossi for being selected as a Hawaii National Bank Hometown Hero to recognize his efforts during the COVID-19 Pandemic. Anthony Rossi was nominated by Annelise Rossi, and was chosen as a winner on 5/15/2020.	\$ 100.00
TOTAL	\$ 100.00

SIGNATURE: Mika Ohata <small>Digitally signed by Mika Ohata Date: 2020.06.19 11:23:36 -10'00'</small>	DATE: 6/19/2020
PRINT NAME: Mika Ohata	TITLE: Marketing Assistant