



FORM
GD1
(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION 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 by June 30)

13 JUN -6 P12:43

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

| | | |
|---|--------------------------|------|
| KAI | LAUREEN | M |
| Last Name | First Name | M.I. |
| Department of Commerce and Consumer Affairs | Administrative Assistant | |
| State Agency | State Position | |

CONTACT INFORMATION

P. O. Box 3469

Number and Street or P.O. Box

| | | |
|----------------|-------------------------------|---------------|
| Honolulu | HI | 96801 |
| City | State | Zip Code |
| (808) 586-2696 | Laureen.M.Kai@dcca.hawaii.gov | |
| Telephone | Extension | Email Address |

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Nat'l Assn of State Bds of Accountancy (NASBA) Date Received: 07/13/12
 Gift (Description): R/T airfare to Anchorage, AK Value/Cost: 538.90
2. Donor: NASBA Date Received: 07/13/12
 Gift (Description): Lodging (4 nights) in Anchorage, AK Value/Cost: 981.12
3. Donor: NASBA Date Received: 09/28/12
 Gift (Description): R/T airfare to Nashville, TN Value/Cost: 825.51
4. Donor: NASBA Date Received: 09/28/12
 Gift (Description): Lodging (3 nights) in Nashville, TN Value/Cost: 613.10
5. Donor: NASBA Date Received: 11/16/12
 Gift (Description): R/T airfare to Orlando, FL Value/Cost: 712.00

Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Laureen M Kai
Signature

06/03/13
Date

RECEIVED BY U.S. MAIL

GIFTS DISCLOSURE STATEMENT FORM – ADDITIONAL SHEET

Name: KAI, LAUREEN M. Date: 6/2/2013 Page 2 of 2

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: NASBA Date Received: 11/16/12
Gift (Description): Lodging (4 nights) in Orlando, FL Value/Cost: 877.52

- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

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