



FORM
GD1
(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

13 JUN -3 P3:54

(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)

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

Last Name	First Name	M.I.
Lee	Karen	C.
State Agency Hawaii P-20, University of Hawaii		State Position Assoc VP & Exec Dir

CONTACT INFORMATION

2425 Campus Road
Sinclair Library 504
Number and Street or P.O. Box

Honolulu	HI	96822
City	State	Zip Code
(808) 956-3256	karenlee@hawaii.edu	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Achieve Date Received: 9/11/13 to 9/15/13
Gift (Description): Lodging to attend American Diploma Project mtg Value/Cost: \$480.00
2. Donor: Smarter Balanced Assessment Consortium Date Received: 12/10/13 to 12/12/13
Gift (Description): Airfare, lodging to attend regional consortium mtg Value/Cost: \$625.00
3. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
4. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

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

Karen C. Lee

Signature

5/31/13

Date