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FORM  
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(Rev. 5/2013)



# HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

STATE OF HAWAII  
STATE ETHICS COMMISSION

(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)

### FILER

Lau	Nelson	K.M.
Last Name	First Name	M.I.
State Board of Public Accountancy	Chair	
State Agency	State Position	

### CONTACT INFORMATION

KPMG LLP

1003 Bishop Street, Suite 2100  
Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
540-2817	nlau@kpmg.com	
Telephone	Extension	Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: NASBA Date Received: Nov. 22, 2013  
 Gift (Description): Travel and Related Expenses for Conference Value/Cost: \$1,076
2. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
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

### FILER

Print Name of Filer (First M.I. Last)

4/29/2014

Date (m/d/yyyy)

**CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.

REC'D BY HAND DELIVERY