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FORM  
GD1  
(Rev. 5/2013)

STATE OF HAWAII  
STATE ETHICS COMMISSION



# 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)

### FILER

KAI

Last Name

LAUREEN

First Name

M

M.I.

COMMERCE & CONSUMER AFFAIRS

State Agency

ADMINISTRATIVE ASSISTANT

State Position

### CONTACT INFORMATION

P. O. BOX 3469

Number and Street or P.O. Box

HONOLULU

City

HI

State

96801

Zip Code

(808) 586-2696

Telephone

Extension

Laureen.M.Kai@dcca.hawaii.gov

Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Nat'l Assn of State Bds of Accty (NASBA) Date Received: 06/21/13  
 Gift (Description): Travel & lodging - New Orleans, LA Value/Cost: 1729.39
2. Donor: NASBA Date Received: 11/15/13  
 Gift (Description): Travel & lodging - Wailuku, HI Value/Cost: 869.52
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

LAUREEN M. KAI

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

5/27/2014

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 STATE MESSENGER