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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

Lee	Gabriel	S.H.
Last Name	First Name	M.I.
Board of Public Accountancy	Board Member	
State Agency	State Position	

CONTACT INFORMATION

1455 Ehupua Street

Number and Street or P.O. Box

Honolulu	HI	96821
City	State	Zip Code
(808) 539-7896	glee@asbhawaii.com	
Telephone	Email Address	

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: NASBA Date Received: 6/4/13
 Gift (Description): Conference Registration Fee Value/Cost: \$695.00
2. Donor: NASBA Date Received: 6/4/13
 Gift (Description): Roundtrip airfare - Honolulu to New Orleans Value/Cost: \$1,148.33
3. Donor: NASBA Date Received: 6/4/13
 Gift (Description): Lodging (3 nights) Value/Cost: \$646.71
4. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

Gabriel S. H. Lee 	6/19/2014
Print Name of Filer (First M.I. Last)	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.

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