



FORM
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(Rev. 5/2013)

Hawaii State Ethics Commission Received
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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

Lawrence	Nona	
Last Name	First Name	M.I.
Department of Public Safety	JRI Coordinator	
State Agency	State Position	

CONTACT INFORMATION

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Number and Street or P.O. Box

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City	State	Zip Code
808-587-1356	Nona.m.lawrence@hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Council of State Governments Date Received: 11/17/2014
 Gift (Description): Airfare and Hotel for National JRI Summit Value/Cost: 800.00
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

Nona ML Lawrence	06/30/2015
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.