



FORM  
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(Rev. 5/2013)

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# 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**

KAI

LAUREEN

M

Last Name

First Name

M.I.

COMMERCE & CONSUMER AFFAIRS

ADMINISTRATIVE ASSISTANT

State Agency

State Position

**CONTACT INFORMATION**

P. O. BOX 3469

Number and Street or P.O. Box

HONOLULU

HI

96801

City

State

Zip Code

(808) 586-2696

Laureen.M.Kai@dcca.hawaii.gov

Telephone

Extension

Email Address

**GIFT INFORMATION (LIST EACH GIFT SEPARATELY)**

1. Donor: National Assn of State Bds of Accountancy Date Received: 06/27/14  
 Gift (Description): Travel & lodging-St. Louis, MO Value/Cost: 2004.21
2. Donor: National Assn of State Bds of Accountancy Date Received: 11/26/14  
 Gift (Description): Travel & lodging-Washington D.C. Value/Cost: 2299.84
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

5/21/2015

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.

REC'D BY STATE MESSENGER