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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	Karen	C
Last Name	First Name	M.I.
University of Hawaii	Associate VP/Executive Director	
State Agency	State Position	

CONTACT INFORMATION

Hawaii P-20 Partnerships for Education		
2425 Campus Road, Sinclair 504		
Number and Street or P.O. Box		
Honolulu	HI	96822
City	State	Zip Code
808-956-3256	karenlee@hawaii.edu	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Lumina Foundation Date Received: 11/19/2014
 Gift (Description): Hotel-Core to College National Meeting Value/Cost: 752.20
2. Donor: Achieve Date Received: 12/10/2014
 Gift (Description): Hotel-national Achieve Meeting Value/Cost: 524.50
3. Donor: Achieve Date Received: 2/17/2015
 Gift (Description): Air/Hotel/Meals-Science Standards Meeting Value/Cost: 1319.52
4. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

Karen C. Lee	6/26/2015
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.

Y

REC'D BY email