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STATE OF HAWAII
STATE ETHICS COMMISSION

FORM
GD1
(Rev. 5/2013)

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

Lau	Nelson	K M
Last Name	First Name	M.I.

State Board of Public Accountancy	Chair
State Agency	State Position

CONTACT INFORMATION

1003 Bishop Street, Suite 2100

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code

540-2817		nlau@kpmg.com
Telephone	Extension	Email Address

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: NASBA Date Received: 9/18/14
   Gift (Description): Scholarship for Annual Meeting Value/Cost: $695
2. Donor: Date Received:
   Gift (Description): Value/Cost:
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

Nelson K M Lau	5/12/2015
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 HAND DELIVERY