



FORM
GD1
(Rev. 5/2013)



**HAWAII STATE ETHICS COMMISSION
GIFTS DISCLOSURE STATEMENT**

'16 APR 11 AIO :41

(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

Kutsunai
Last Name

Karen
First Name

STATE OF HAWAII
STATE ETHICS COMMISSION

N.
M.I.

Hawaii Department of Education
State Agency

Teacher
State Position

CONTACT INFORMATION

929 Hukulani Street

Number and Street or P.O. Box

City Honolulu

State HI

Zip Code 96825

(808) 395-6901
Telephone

Extension

Karen.kutsunai@gmail.com
Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Hawaii Council for the Humanities Date Received: 6/12/2015
Gift (Description): Travel, lodging, Registration for the 2015 Value/Cost: \$1915.76
National History Day Competition as a teacher chaperone.
- 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

Karen N. Kutsunai

3/28/2016

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.