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(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 / Hawaii P-20	Assoc VP / Executive Director	
State Agency	State Position	

### CONTACT INFORMATION

2425 Campus Road		
Sinclair 504		
Number and Street or P.O. Box		
Honolulu	HI	96814
City	State	Zip Code
(808) 956-3256	karenlee@hawaii.edu	
Telephone	Extension	Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: National Governors Association Date Received: 11/9/2015  
 Gift (Description): Airfare/Lodging/Ground Trans/1 day M&IE Value/Cost: \$1,235.00
2. Donor: Achieve Date Received: 12/1/2015  
 Gift (Description): Airfare/Lodging Value/Cost: \$1,621.54
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

<u>Karen C Lee</u>	<u>Karen C Lee</u>	<u>6/13/2016</u>
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.