



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
5/27/2014 4:39:30 PM



# 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

Morita	Hermina	M
Last Name	First Name	M.I.
Public Utilities Commission	Chair/Commissioner	
State Agency	State Position	

## CONTACT INFORMATION

Hermina Morita

465 South King Street, Room 103  
Number and Street or P.O. Box

Honolulu HI 96813  
City State Zip Code

808-586-2020 62182 hermina.m.morita@hawaii.gov  
Telephone Extension Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Infocast/Power Transformation Summit Date Received: 3-31 to 4-4-2014  
Gift (Description): Travel, hotel, meals, conference fees Value/Cost: \$1,600.00
- Donor: Gee Strategies Group/Wall Street Dialogue Date Received: 5-5 to 5-9-2014  
Gift (Description): Travel, hotel, meals Value/Cost: \$2,490.00
- 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

Hermina M. Morita	05/31/2014
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.