



FORM
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(Rev. 5/2013)

Hawaii State Ethics Commission Received
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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

Akiba	Lorraine	H.
Last Name	First Name	M.I.
Public Utilities Commission	Commissioner	
State Agency	State Position	

CONTACT INFORMATION

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Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code

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Telephone	Email Address

Extension

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|--|---|
| 1. | Donor: <u>Electric Power Research Institute (EPRI)</u> | Date Received: <u>Aug. 3-6, 2013</u> |
| | Gift (Description): <u>Airfare, hotel, ground transportation</u> | Value/Cost: <u>\$1882.85</u> |
| 2. | Donor: <u>EPRI</u> | Date Received: <u>Dec. 2-5, 2013</u> |
| | Gift (Description): <u>Airfare, hotel, ground transportation</u> | Value/Cost: <u>\$1766.54</u> |
| 3. | Donor: <u>EPRI</u> | Date Received: <u>March 17-21, 2014</u> |
| | Gift (Description): <u>Airfare, hotel, ground transportation</u> | Value/Cost: <u>\$2015.40</u> |
| 4. | Donor: <u>Electric Utility Consultants, Inc.</u> | Date Received: <u>June 10-13, 2014</u> |
| | Gift (Description): <u>Airfare & Hotel</u> | Value/Cost: <u>\$1414.38</u> |
| 5. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |

Check here if additional sheets are attached

FILER

Lorraine H. Akiba	5/27/2014
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.