



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
10/20/2014 11:27:23 AM



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

Labuguen	Sandra	E
Last Name	First Name	M.I.
Oahu Intake Service Center	Branch Manager	
State Agency	State Position	

CONTACT INFORMATION

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Number and Street or P.O. Box		
Honolulu	Hi	96819
City	State	Zip Code
808832-1571	sandra.e.labuguen@hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|---|--------------------------------|
| 1. | Donor: <u>Pew Charitable Trust</u> | Date Received: <u>11/14/14</u> |
| | Gift (Description): <u>Travel</u> | Value/Cost: <u>534.60</u> |
| 2. | Donor: <u>Pew Charitable Trust</u> | Date Received: <u>11/17/14</u> |
| | Gift (Description): <u>Hotel (2 night)</u> | Value/Cost: <u>448.15</u> |
| 3. | Donor: <u>Pew Charitable Trust</u> | Date Received: <u>11/17/14</u> |
| | Gift (Description): <u>Continental Breakfast (2) Lunch(2)</u> | Value/Cost: <u>80.00</u> |
| 4. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |
| 5. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |

Check here if additional sheets are attached

FILER

Sandra E. Labuguen	10/20/2014
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.