



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
1/12/2015 10:30:50 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

Laborte	Carolyn	L
Last Name	First Name	M.I.
Hawaii Public Utilities Commission	Auditor	
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	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: National Association of Water Companies Date Received: Dec. 9 and 12, 2014
Gift (Description): round trip airfare/bagge - Hon. to Scottsdale, AZ Value/Cost: \$670.00
- Donor: National Association of Water Companies Date Received: Dec. 9-12, 2014
Gift (Description): lodging - 3 nights Value/Cost: \$641.67
- Donor: National Association of Water Companies Date Received: Dec. 9 and 12, 2014
Gift (Description): cab fare to and from airport to hotel Value/Cost: \$65.00
- Donor: National Association of Water Companies Date Received: Dec. 9 - 12, 2014
Gift (Description): business meals (brkfst, lunch, dinner) Value/Cost: \$330.00
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

Carolyn L. Laborte	1/12/2015
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.