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FORM  
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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

Champley	Michael	E
Last Name	First Name	M.I.
Hawaii Public Utilities Commission	Commissioner	
State Agency	State Position	

### CONTACT INFORMATION

465 South King Street

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
(808) 586-2020	michael.e.champley@hawaii.gov	
Telephone	Extension	Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- |                     |  |                |                            |
|---------------------|--|----------------|----------------------------|
| 1. Donor:           | <u>Critical Consumer Issues Forum</u>        | Date Received: | <u>4/27/16 - 4/29/16</u>   |
| Gift (Description): | <u>Hotel</u>                                 | Value/Cost:    | <u>450.00</u>              |
| 2. Donor:           | <u>Solar Electric Power Association</u>      | Date Received: | <u>4/13/16 - 4/15/16</u>   |
| Gift (Description): | <u>Airfare, Hotel, Ground Transportation</u> | Value/Cost:    | <u>1,785.83</u>            |
| 3. Donor:           | <u>Advanced Energy Economy</u>               | Date Received: | <u>10/13/15 - 10/15/15</u> |
| Gift (Description): | <u>Airfare, Hotel, Ground Transportation</u> | Value/Cost:    | <u>1,528.96</u>            |
| 4. Donor:           | <u>Regulatory Assistance Project</u>         | Date Received: | <u>7/16/15 - 7/17/15</u>   |
| Gift (Description): | <u>Hotel, Ground Transportation</u>          | Value/Cost:    | <u>681.68</u>              |
| 5. Donor:           | <u>Edison Electric Institute</u>             | Date Received: | <u>6/6/15 - 6/10/15</u>    |
| Gift (Description): | <u>Hotel</u>                                 | Value/Cost:    | <u>956.00</u>              |

Check here if additional sheets are attached

### FILER

Michael E. Champley	6/29/2016
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.