

**EMAIL**



FORM  
GD1  
(Rev. 5/2013)



**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)*

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**FILER**

Giesting

Last Name

Elizabeth

First Name

STATE OF HAWAII  
STATE ETHICS COMMISSION  
C

M.I.

Governor's Office

State Agency

Healthcare Transformation Coor

State Position

**CONTACT INFORMATION**

Capitol, Room 415

Number and Street or P.O. Box

Honolulu

City

HI

State

96813

Zip Code

(808) 586-0009

Telephone

Extension

beth.giesting@hawaii.gov

Email Address

**GIFT INFORMATION (LIST EACH GIFT SEPARATELY)**

- |    |   |  |
|----|---|--|
| 1. | Donor: <u>National Governor's Association</u>                             | Date Received: <u>Jul. 17-21, 2012</u> |
|    | Gift (Description): <u>Airfare &amp; Hotel for mtg. Washington, DC</u>    | Value/Cost: <u>\$2,100</u>             |
| 2. | Donor: <u>Milbank Memorial Fund</u>                                       | Date Received: <u>Nov. 13-16, 2012</u> |
|    | Gift (Description): <u>Airfare, Hotel, Per Diem for mtg. Portland, OR</u> | Value/Cost: <u>\$1,300</u>             |
| 3. | Donor: <u>Hawaii Health Information Exchange</u>                          | Date Received: <u>Dec. 9-14, 2012</u>  |
|    | Gift (Description): <u>Airfare, Hotel Per Diem for mtg. Washington DC</u> | Value/Cost: <u>\$2,100</u>             |
| 4. | Donor: <u>Kona Chamber of Commerce</u>                                    | Date Received: <u>Jan. 18, 2013</u>    |
|    | Gift (Description): <u>Airfare, Present at their meeting in Kona</u>      | Value/Cost: <u>\$180.00</u>            |
| 5. | Donor: <u>National Governor's Association</u>                             | Date Received: <u>May 12-16, 2013</u>  |
|    | Gift (Description): <u>Airfare &amp; Hotel for mtg. Baltimore, MD</u>     | Value/Cost: <u>\$1,750</u>             |

Check here if additional sheets are attached

**FILER**

Elizabeth C. Giesting

Print Name of Filer (First M.I. Last)

6/7/2013

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.

# GIFTS DISCLOSURE STATEMENT FORM – ADDITIONAL SHEET

Name: Elizabeth C. Giesting Date: 6/7/2013 Page 2 of 2

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: National Governor's Association Date Received: June 23-26, 2013  
Gift (Description): Airfare, Hotel for meeting, Washington, DC Value/Cost: \$2,000
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
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