



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/3/2014 9:17:13 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

Weisenfeld	Georgenne	
Last Name	First Name	M.I.
Executive Office on Early Learning	Director	
State Agency	State Position	

## CONTACT INFORMATION

State Capitol Rm. 417		
415 S. Beretania Street		
Number and Street or P.O. Box		
Honolulu	HI	96813
City	State	Zip Code
808-586-0001	georgenne.weisenfeld@hawaii.gov	
Telephone	Extension	Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: The national Office of Child Care (OCC) Date Received: 9/17/2013  
 Gift (Description): Transportation, hotel, food:Seattle OCC Meeting Value/Cost: \$1217.11
2. Donor: The National Governors Association (NGA) Date Received: 1/22/2014  
 Gift (Description): Transportation, hotel, food:Nevada NGA Mtg. Value/Cost: \$1074.92
3. Donor: Build Initiative-national Office of Child Care Date Received: 5/20/2014  
 Gift (Description): Transportation, hotel, food:Dallas QRIS Mtg. Value/Cost: \$1726.40
4. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
5. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

## FILER

<u>Georgenne Weisenfeld</u>	<u>6/3/2014</u>
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.