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FORM
GD1
(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

Last Name KRIEG First Name BARBARA M.I. A.

State Agency Dept. of Education State Position Asst. Superintendent
Office of Human Resources

CONTACT INFORMATION

Number and Street or P.O. Box 650 Iwilei Rd.
Suite 300
City Honolulu State HI Zip Code 96817

Telephone _____ Extension _____ Email Address _____

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Education Institute of Hawaii Date Received: 10/5-10/2014
Gift (Description): Airfare HNL-LAX-LAS-YEG-HNL Value/Cost: \$1,200
- Donor: Education Institute of Hawaii Date Received: 10/5-10/2014
Gift (Description): Lodging (5 nights) Value/Cost: \$500
- Donor: Education Institute of Hawaii Date Received: 10/5-10/2014
Gift (Description): meals (6 days) Value/Cost: \$400
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

BARBARA A. KRIEG 5/11/2015
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.