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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

Giesting Elizabeth C
Last Name First Name M.I.
Office of the Governor Health Care Transf. Coord.
State Agency State Position

CONTACT INFORMATION

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GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- 1. Donor: Robert Wood Johnson Foundation Date Received: 1/6/16-1/9/16
Gift (Description): Airfare, hotel, meals for mtg in San Francisco Value/Cost: \$890.00
2. Donor: Date Received:
Gift (Description): Value/Cost:
3. Donor: Date Received:
Gift (Description): Value/Cost:
4. Donor: Date Received:
Gift (Description): Value/Cost:
5. Donor: Date Received:
Gift (Description): Value/Cost:

Check here if additional sheets are attached

FILER

Elizabeth C. Giesting 5/24/2016
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.