



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/30/2014 9:46:09 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**

|  |                |      |
|--|----------------|------|
| Fujii                                  | Terri          |      |
| Last Name                              | First Name     | M.I. |
| State Public Charter School Commission | Commissioner   |      |
| State Agency                           | State Position |      |

**CONTACT INFORMATION**

|                               |                                  |               |
|-------------------------------|----------------------------------|---------------|
| 1111 Bishop Street            |                                  |               |
| Suite 516                     |                                  |               |
| Number and Street or P.O. Box |                                  |               |
| Honolulu                      | HI                               | 96813         |
| City                          | State                            | Zip Code      |
| 808-586-3775                  | commission.mail@spcsc.hawaii.gov |               |
| Telephone                     | Extension                        | Email Address |

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

1. Donor: National Association of Charter School Auth Date Received: October 2013  
 Gift (Description): Roundtrip airfare Honolulu to San Diego, CA Value/Cost: 600.00
2. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
3. Donor: National Association of Charter School Auth Date Received: October 2013  
 Gift (Description): Lodging (1 night) Value/Cost: 200.00
4. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
5. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

**FILER**

|   |                 |
|---|-----------------|
| Sylvia Silva for Commissioner Terri Fujii | 06/30/2014      |
| 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.