



FORM
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(Rev. 5/2013)

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HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

STATE OF HAWAII
STATE ETHICS COMMISSION

(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

Jackson Christine S.
 Last Name First Name M.I.
 Executive Office on Early Learning Head Start Collaboration Director
 State Agency State Position

CONTACT INFORMATION

State Capital 415 S. Beretania St, # 415
 Number and Street or P.O. Box
 Honolulu HI 96813
 City State Zip Code
 586-7556 Christine.Jackson@hawaii.gov
 Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: BUILD Initiative Date Received: April 8-10, 2014
 Gift (Description): airfare HNL → Chicago (roundtrip) Value/Cost: \$1337.40
2. Donor: BUILD Initiative Date Received: April 8-10, 2014
 Gift (Description): Lodging (2 nights) Value/Cost: \$416.70
3. Donor: BUILD Initiative Date Received: April 8-10, 2014
 Gift (Description): meals Value/Cost: \$168
4. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER

Christine S. Jackson 6/16/14
 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.