



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/16/2016 7:32:18 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

USHIJIMA	TERI	M.
Last Name	First Name	M.I.
DEPT. OF EDUCATION	CAS ON ASSIGNMENT	
State Agency	State Position	

CONTACT INFORMATION

PROFESSIONAL DEVELOPMENT & EDUCATIONAL RESEARCH INSTITUTE
345 PUUHALE ROAD
Number and Street or P.O. Box

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City	State	Zip Code
(808) 832-3201	teri_ushijima@notes.k12.hi.us	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|--|---|
| 1. | Donor: <u>KIPP FOUNDATION</u> | Date Received: <u>9/27/15</u> |
| | Gift (Description): <u>Round trip airfare to Atlanta, GA</u> | Value/Cost: <u>\$951.00</u> |
| 2. | Donor: <u>KIPP FOUNDATION</u> | Date Received: <u>9/28/15</u> |
| | Gift (Description): <u>LODGING (4 NIGHTS)</u> | Value/Cost: <u>\$784.16</u> |
| 3. | Donor: <u>KIPP FOUNDATION</u> | Date Received: <u>9/29/15 - 10/1/15</u> |
| | Gift (Description): <u>BREAKFAST AND LUNCH</u> | Value/Cost: <u>\$ 87.00</u> |
| 4. | Donor: <u>KIPP FOUNDATION</u> | Date Received: <u>9/29/15 - 9/30/15</u> |
| | Gift (Description): <u>DINNER</u> | Value/Cost: <u>\$58.00</u> |
| 5. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |

Check here if additional sheets are attached

FILER

TERI M. USHIJIMA	6/16/2016
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.