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STATE OF HAWAII
STATE ETHICS COMMISSION

FORM
GD1
(Rev. 5/2013)

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 Kuna First Name John M.I. J

State Agency DOE State Position Teacher

CONTACT INFORMATION

49 Funchal St.
Number and Street or P.O. Box

Honolulu HI 96813
City State Zip Code

587-4430
Telephone Extension Email Address

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: Global Endeavors Date Received: 6/3/15 - 6/12/15
   Gift (Description): Chaperone School group to Orlando, FL Value/Cost: $2635
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

John J. Kuna 08/27/2015

Print Name of Filer *(First M.I. Last)* John J. Kuna 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.

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