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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

Kuamoo — Last Name
Theola — First Name
L. — M.I.

Department of the Attorney General — State Agency
Office of the Attorney General
Private Secretary III/ Executive Assistant to AG — State Position

CONTACT INFORMATION

425 Queen Street
Number and Street or P.O. Box

City Honolulu State HI Zip Code 96813

Telephone 586-1282 Extension Email Address theola.l.kuamoo@hawaii.gov

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: CWAG - Assisted as Novitiate at CWAG Summer Meeting in Maui. Date Received: 7/18/15-7/22/15
   Gift (Description): Airfare, Hotel Ground Trsnsp, Meals Value/Cost: $1,851.49
2. Donor: NAGTRI-Attended Executive Assistant Conference in Indianapolis, IN Date Received: 9/9/15-9/12/15
   Gift (Description): Airfare, Hotel, Ground Transp., Meals Value/Cost: $1,644.18
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 Theola L. Kuamoo

Theola L. Kuamoo — Print Name of Filer *(First M.I. Last)*
06/30/2016 — Date *(m/d/yyyy)*

[X] **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.