



Filing ID #10004610

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Togiola A. Tulafono  
**Status:** Congressional Candidate  
**State/District:** ASoo

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2014  
**Filing Date:** 11/13/2014

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Bank of Hawaii Corporation (BOH)	SP	\$15,001 - \$50,000	Dividends	\$1,001 - \$2,500	\$1,001 - \$2,500
Capital One Financial Corporation (COF)	JT	\$1 - \$1,000	Dividends, Interest	\$1 - \$200	\$1 - \$200
DESCRIPTION: This is a Sharebuilder Investment account with only one investment worth only about \$200.00					

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
American Samoa Government	Retirement	\$51,000	\$51,000
Social Security Administration	Social Security Retirement benefits	\$23,904	\$23,904
Social Security Administration	Spouse's retirement benefits	\$9,576	\$9,576
Bank of Hawaii Retirement Program	Spouse's Retirement Income	\$1,601	\$1,601
United States Government	Spouse Honoraria from	\$400	\$400

Source	Type	Amount Current Year to Filing	Amount Preceding Year
	Department of Health and Human Services		

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	ANZ Guam, Inc. Amerika Samoa Bank	2005	Mortgage Loan	Over \$50,000,000
JT	Bank of Hawaii	March 2012	Personal Loan	\$15,001 - \$50,000
JT	Bank of Hawaii	2004	Credit Line	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Board Member	National Marine Sanctuary of American Samoa Advisory Board
Chairman of the Board of Directors	Boys & Girls Clubs of American Samoa
Board Member (Spouse)	U.S. Dept. of Health and Human Services, SAMHSA/CSAP Board

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?  
☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?  
☐ Yes ☒ No

COMMENTS

CERTIFICATION AND SIGNATURE

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☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Togiola A. Tulafono , 11/13/2014