





## HAWAII STATE ETHICS COMMISSION CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

(PERSONAL INFORMATION ON THIS PAGE IS NOT AVAILABLE TO THE PUBLIC EXCEPT AS REQUIRED BY LAW)

FILER			
Last Name	First Nar	me	M.I.
RESIDENCE ADDRESS			
Number and Street			
City		State	Zip Code
MAILING ADDRESS (if different	ent from Residence)		
Number and Street or P.O. Box			
City		State	Zip Code
CONTACT INFORMATION			
Residence Telephone	Business Telephone	Extension	
Cellphone	Email Address		
OFFICE TO WHICH YOU S	EEK ELECTION		
Governor			
Lieutenant Governor			
Senate, District No.			
House of Representatives	s, District No		
Office of Hawaiian Affairs	s. Island		

# HAWAII STATE ETHICS COMMISSION CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

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Last Name	First Name		M.I.
OFFICE TO WHICH YOU SEEK ELECTION			
Governor			
Lieutenant Governor			
Senate, District No			
House of Representatives, District No.			
Office of Hawaiian Affairs, Island			
ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR  List the source and amount of all income of \$1,000 or more received during the preceding calendar year (1/1/2013 – 12/31/2013) for services rendered (INCLUDING INCOME EARNED FROM ANY STATE OR OTHER GOVERNMENT AGENCY), and the nature of the services rendered.			
NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED	
Check here if entry is None		Check here if additional	sheets are attached
ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES  List the amount and identity of every ownership or beneficial interest held during the disclosure period (1/1/2013 to the date of filing this form) in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business. YOU ARE REQUIRED TO LIST ALL STOCKS, MUTUAL FUNDS OR OTHER NON-RETIREMENT INVESTMENT INTERESTS VALUED AT \$5,000 OR MORE. Please see Instructions for this form.			
BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
Check here if entry is None		Check here if additional	sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES
List any ownership or beneficial interests in businesses transferred during the disclosure period (1/1/2013 to the date of filing this form) and

the date of transfer.				
OWNERSHIP OR BENEFICIAL INTEREST TRANSFERR	EED DURING THIS DISCLO	SURE	PERIOD	DATE OF TRANSFER
Check here if entry is None			Check here if additi	ional sheets are attached
ITEM 4: CREDITORS  List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period (1/1/2013 to the date of filing this form) and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods  ORIGINAL AMOUNT  AMOUNT				
Check here if entry is None			1	ional sheets are attached
ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period (1/1/2013 to the date of filing this form) in any business or organization, the term of office, and the annual compensation.				
NAME AND ADDRESS OF BUSINESS  Check here if entry is None	TITLE HELD	TERM	Chack hare if additi	ANNUAL COMPENSATION  ional sheets are attached
Check here it entry is None			Check here it additi	ional sneets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)
List interests in real property in or outside of the State held during the disclosure period (1/1/2013 to the date of filing this form), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAKEY NUMBER EXISTS)	AP VALUE
	NET WOMBER EXISTS	***************************************
Check here if entry is None	Check here if	additional sheets are attached
ITEM 7: INTERESTS IN REAL PROPERTY ACLIST INTERESTS IN REAL PROPERTY INTERESTS INTERESTS IN REAL PROPERTY INTERESTS IN REAL PROPERTY INTERESTS INTERES	ring the disclosure period (1/1/2013 to	the date of filing this form), if the
STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
,		
Check here if entry is None		additional sheets are attached
ITEM 8: INTERESTS IN REAL PROPERTY TRA List interests in real property in or outside of the State transferred of interest has a value of \$10,000 or more. Real property that was you	during the disclosure period (1/1/2013	to the date of filing this form), if the
STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
Charle have if autory in Name	Obsali kana is	i additional abouts are attacked
Check here if entry is None	Check nere if	additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period (1/1/2013 to the date of filing this form), excluding clients represented before courts.

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NAME OF CLIENT	NAME OF STATE AGENCY		
Check here if entry is None	Пс	heck here if additional s	heets are attached
ITEM 40: OPEDITOR I	NTERESTS IN INSOLVENT	BUGINESSES	
List the amount and identity of every creditor interest in an i			013 to the date of filing
this form), if the interest has a value of \$5,000 or more.	<b>3</b>	(	<b>,</b>
NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
Check here if entry is None	Пс	heck here if additional s	heets are attached
FILER			
Type Name of Filer (First, M.I., Last)(Signature required	on this line if you are filing a pa	aper form) Date (m	/d/yyyy)
CERTIFICATION: By checking this box	or signing your name on	this form you signif	v and affirm that
you are the person whose name appears			
form is true, correct and complete to the			
you understand that there are statutory p			
Hawaii law.			