

## HAWAII STATE ETHICS COMMISSION CANDIDATES' DISCLOSURE OF FINANCIAL INTERESTS

<b>NAME (Last, First, Middle)</b> AMORIN                      JOHANNA                      K	<b>OFFICE TO WHICH YOU SEEK ELECTION:</b> OHA MAUI TRUSTEE
---	---

### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year (1/1/11 - 12/31/11), for services rendered, and the nature of the services rendered.

NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
Jobline X-Press, Inc. 270 Hookahi St., Suite 205 Wailuku, HI 96793	D	Employment
Caart Enterprises, Inc. 2225 Village Walk, Ste 260 Henderson, NV 89052	B	Rental
SSA PO Box 2000, Richmond, CA 94802-1791	C	SSA Benefits

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 (1/1/11 to date of filing) 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.

BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
Jobline X-Press, Inc. 270 Hookahi St., Suite 205 Wailuku, HI 96793	Employment Services	Ownership	100%

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 (1/1/11 to date of filing) and the date of transfer.

OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
<input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>	

**ITEM 4: CREDITORS**

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period (1/1/11 to date of filing) and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
Bank of Hawaii	H	H
<input type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>		

**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS**

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period (1/1/11 to date of filing) in any business or organization, the term of office, and the annual compensation.

NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
**Maui Native Hawn Chamber of Com., PO Box 350, Kahului, HI 96732	Vice President	2011-2013	None
**Hui No Ke Ola Pone, 95 Mahalani St., #1, Wailuku, HI 96793	Secretary	2009-2017	None
**Soroptimist Int'l Maui, PO Box 1514, Kahului, HI 96733	Director	2010-2012	None
**Salary Commission, C.O.M. 200 S. High St., Wailuku, HI 96793	Commissioner	2011-2014	None
<input type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>			

**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** (1/1/11 to date of filing), 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 MAP KEY NUMBER EXISTS)	VALUE
5163 Indian River Dr., #191, Las Vegas, NV 89103	163-24-612-675	C

 Check here if entry is None

 Check here if additional sheets are attached
**ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State, acquired **during the disclosure period** (1/1/11 to date of filing), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT AND NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

 Check here if entry is None

 Check here if additional sheets are attached
**ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State transferred **during the disclosure period** (1/1/11 to date of filing), if the interest has a value of \$10,000 or more. Real property that was your personal residence need not be listed.

STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT AND NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

 Check here if entry is None

 Check here 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 (1/1/11 to date of filing), excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
<input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>	

**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period (1/1/11 to date of filing), if the interest has a value of \$5,000 or more.

NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
		STATE OF HAWAII STATE ETHICS COMMISSION	'12 AUG 30 AM 1:04
<input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>			

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

*Johanna K. Amari*  
SIGNATURE

08/29/2012

DATE