

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

|   |  |
|---|--|
| <b>NAME (Last, First, Middle)</b><br>Kidani Michelle N. | <b>OFFICE TO WHICH YOU SEEK ELECTION:</b><br>Hawaii State Senate |
|---|--|

**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 |
|--|--------|-------------------|
| State of Hawaii Senate<br>415 S. Beretania St.<br>Honolulu, Hi 96813 | D      | Senator           |

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 |
|---------------------------|--------------------|--------------------|------------------------|
|                           |                    |                    |                        |

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 |
|---|----------------------|--------------------|
| American Home Mortgage Servicing Inc.<br>PO Box 619063<br>Dallas, Tx 75261-9063   | H                    | H                  |
| American Savings Bank<br>PO Box 2300<br>Honolulu, Hi 96804-2300   | G                    | F                  |
| <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 |
|---|------------|----------------|---------------------|
| Mililani Town Association<br>95-281 Kaloapau St.<br>Mililani, Hi 96789  | Officer    | 3 yrs          | 0                   |
| Japanese Women's Society Foundation<br>PO Box 3233<br>Honolulu, Hi 96801  | Director   | 1 yr           | 0                   |
| <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<br>(IF TAX MAP KEY NUMBER EXISTS) | VALUE |
|--|--|-------|
|  |  |       |
| <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 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<br>(IF TAX MAP KEY NUMBER EXISTS)  | AMOUNT AND NATURE OF<br>CONSIDERATION PAID | NAME OF PERSON<br>RECEIVING THE<br>CONSIDERATION |
|--|--|--|
|  |  |  |
| <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 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<br>(IF TAX MAP KEY NUMBER EXISTS)  | AMOUNT AND NATURE OF<br>CONSIDERATION RECEIVED | NAME OF PERSON<br>FURNISHING THE<br>CONSIDERATION |
|--|--|---|
|  |  |   |
| <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 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<br>STATE ETHICS COMMISSION | \$12,000.00 |
| <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.

*Michelle D. Kilaris*  
 SIGNATURE

07/24/2012  
 DATE