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

| NAME (Last, First, Middle) | OFFICE TO WHICH YOU SEEK ELECTION: |
|---|---|
| Nishimoto Scott Y | State House, District 21 |

## 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 |
|---|---|---|
| Hawaii House of Representatives | D | |

[ ]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 |
|---|---|
| | |

**[✓]Check here if entry is None** **[ ]Check here if additional 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** (1/1/11 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 |
|---|---|---|
| | | |

**[✓]Check here if entry is None** **[ ]Check here if additional sheets are attached**

## 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 |
|---|---|---|---|
| | | | |

**[✓]Check here if entry is None** **[ ]Check here if additional sheets 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** (1/1/11 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 |
|---|---|---|
| | | |

**[✓]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 |
|---|---|
| | |

[✓]**Check here if entry is None** [ ]**Check here if additional sheets are attached**

## 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

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[✓]**Check here if entry is None** [ ]**Check here if additional sheets are attached**

**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.

SIGNATURE

05/29/2012

DATE