

HAWAII STATE ETHICS COMMISSION CANDIDATES' DISCLOSURE OF FINANCIAL INTERESTS

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|---|---|
| NAME (Last, First, Middle) Ruderman Russell E | OFFICE TO WHICH YOU SEEK ELECTION: State Senate Dist. 2 |
|---|---|

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 |
|--|---------|--------------------|
| Island Naturals Market, Inc 1221 Kilauea Ave #170 Hilo HI 96720 | 220,000 | President, Manager |

| | |
|--|---|
| <input type="checkbox"/> Check here if entry is None | <input type="checkbox"/> Check here if additional sheets are attached |
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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 |
|---|---------------------|--------------------|------------------------|
| Island Naturals Market, Inc 1221 Kilauea Ave #170 Hilo HI 96720 | Grocery Retail | Shareholder | 90% |
| Island Naturals Pahoa inc. POBox 1429 Pahoa HI 96778 | Grocery Retail | Shareholder | 100% |
| Island Naturals Kona Inc. 74-5487 Kaiwi St Kailua_Kona HI 96740 | Grocery Retail | Shareholder | 55% |
| Island Naturals Mauka Inc 79-7460 Mamalahoa Hwy Kealahou HI 96750 | Grocery Retail | Shareholder | 55% |
| Island Naturals Properties, LLC 1221 Kilauea Ave #170 Hilo HI 96720 | Real Estate holding | Member, LLC | 100% |

| | |
|--|---|
| <input type="checkbox"/> Check here if entry is None | <input type="checkbox"/> Check here if additional sheets are attached |
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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 <input type="checkbox"/> 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 |
|---|----------------------|--------------------|
| Bank of Hawaii | \$170,000 | \$155,000 |
| <input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 |
|---|------------|----------------|---------------------|
| Island Naturals Market, Inc 1221 Kilauea Ave #170 Hilo HI 96720 | President | indefinite | none |
| Island Naturals Pahoia inc. POBox 1429 Pahoia HI 96778 | President | indefinite | none |
| Island Naturals Kona Inc. 74-5487 Kaiwi St Kailua_Kona HI 96740 | President | indefinite | none |
| Island Naturals Mauka Inc 79-7460 Mamalahoa Hwy Kealakekua HI 96750 | President | indefinite | none |
| Island Naturals Properties, LLC 1221 Kilauea Ave #170 Hilo HI 96720 | Member | indefinite | none |
| <input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 |
|---|--|--|
| 15-1850 Akeakamai Loop Pahoa HI 96778 1-5-011-045 | \$152,500 | Robert Sugihara |

 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 | '12 APR 25 P 1:04 |

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

4/23/12
DATE