HAWAII STATE ETHICS COMMISSION
CANDIDATES' DISCLOSURE OF FINANCIAL INTERESTS

NAME (Last, First, Middle)	OFFICE TO WHICH YOU SEEK ELECTION:
Tsuji Clifton K.	State House of Representatives, 2nd District

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 State House of Representatives Hawaii State Capitol, Room 402 415 S. Beretania Street, Honolulu, HI 96813	D	Legislative service
Central Pacific Bank 220 S. King Street, Honolulu, HI 96813	D	Retirement benefits
Social Security Administration SF Regional Office, P. O. Box 4201 Richmond, CA 94804	D	Social Security benefits
Crissy and Chad Oblero 39 Ekaha Street, Hilo, HI 96720	B	House rental

[ ]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
Central Pacific Bank - Ekaha mortgage 525 Kilauea Avenue, Hilo, HI 96720	F	E
CU Hawaii Federal Credit Union - home equity credit line w/Auahi second mortgage 476 Hinano Street, Hilo, HI 96720	F	G

[ ]**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
Hilo Medical Center Foundation 1190 Waianuenue Ave., Hilo, HI 96720	Trustee	2010 - 2012	None.
Hawaii Island Japanese Community Association, Hilo, HI 96720	Director	2012 -2013	None.
East Hawaii Hiroshima Kenjin Kai 648 Piilani Street, HIlo, HI 96720	Director	2012 -2013	None.
Pacific Tsunami Museum 130 Kamehameha Ave., Hilo, HI 96720	Director	2012 -2013	None.

[ ]**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
39 Ekaha Street, Hilo, HI 96720	(3) 2-3-033:042	F

[ ]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

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

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STATE OF HAWAII
STATE ETHICS COMMISSION

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.

June 4, 2012

SIGNATURE DATE