

FAX

HAWAII STATE ETHICS COMMISSION CANDIDATES' DISCLOSURE OF FINANCIAL INTERESTS

NAME (Last, First, Middle) Onishi Richard H.K.	OFFICE TO WHICH YOU SEEK ELECTION: State Representative
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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
County of Hawaii 25 Aupuni Street Hilo, HI 96720	E	Information Systems Analyst

 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
Hawaiian Electric Industries, Inc. Shareholder Services PO Box 730 Honolulu, HI 96720	Electric Utility, Bank, Shipping	Stock	3140 shares
Hawaii St Arpts Sys Rev Bond Hawaiian Tax Free Trust c/o Merrill Lynch 1437 Kilauea Ave Suite 205 Hilo, HI 96720	Government Mutual Fund	Municipal Bond Shareholder	D C

 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
None	
<input 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
First Hawaiian Bank	H	F
HFS Federal Credit Union	E	E
<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
Honpa Hongwanji Hilo Betsuin 398 Kinoole Street Hilo, HI 96720	President	2012-2013	None
Honpa Hongwanji Mission of Hawaii 1727 Pali Highway Honolulu, HI 96720	Director	2012 -2013	None
Hawaii Island Adult Care 34 Rainbow Drive Hilo, HI 96720	Vice President	2005 - present	None
<input type="checkbox"/> Check here if entry is None <input checked="" 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
None		
<input type="checkbox"/> Check here if entry is None		<input type="checkbox"/> 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
None		
<input type="checkbox"/> Check here if entry is None		<input type="checkbox"/> 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
None		
<input type="checkbox"/> Check here if entry is None		<input type="checkbox"/> 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
None	
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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
None		STATE OF HAWAII STATE ETHICS COMMISSION	12 JUL 23 3:33
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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.


7/23/2012

 SIGNATURE DATE

Hawaii State Ethics Commission

Candidate Disclosure of Financial Interest

State House of Representatives, District 3
Richard H.K. Onishi (continued)

Item 2: Ownership or Beneficial Interests in Businesses

Business Name and Address	Nature of Business	Nature of Interest	Value or No. of Shares
Hawaii State DBF Revenue Bond RCM Global Technology Fund Aquila Hawaiian T/F Trust Prudential Invt Port Growth Fund c/o Wells Fargo Advisors 100 Pauahi Street Hilo, HI 96720	Government Mutual Fund Mutual Fund Mutual Fund	Municipal Bond Shareholder Shareholder Shareholder	D B A B

Item 5: Officerships, Directorships, Trusteeships

Name and Address of Business	Title Held	Term of Office	Annual Compensation
Hawaii County Employees FCU 131 Puuhonu Way Hilo, HI 96720	Director	2010 - 2013	None
Hilo High School Foundation 556 Waianuenue Avenue Hilo, HI 96720	Director	2009 - present	None