

**HAWAII STATE ETHICS COMMISSION  
DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)**

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| <b>NAME (Last, First, Middle):</b><br>Crabbe, Kamana'opono Matthew<br><b>STATE POSITION HELD:</b><br>Chief Executive Officer<br><b>DEPT/DIVISION or BOARD/COMMISSION:</b><br>Office of Hawaiian Affairs<br><b>TERM OF OFFICE (Begin/End):</b> 3/16/12/ 3/15/12 | <b>Date Received:</b><br><div style="font-size: 24pt; font-weight: bold; margin: 10px 0;">12 MAR 16 P1 54</div> STATE OF HAWAII<br>STATE ETHICS COMMISSION |
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**FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.**

**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, for services rendered, and the nature of the services rendered.

| F, SP, DC, JT | NAME AND ADDRESS OF SOURCE OF INCOME                                    | AMOUNT | SERVICES RENDERED  |
|---------------|---|--------|--------------------|
| F             | Office of Hawaiian Affairs<br>711 Kapi'olani Blvd., Suite 500, Hon., HI | F      | Research Director  |
| SP            | Hawaiian Electric Company<br>900 Richards Street, Hon., HI              | E      | Community Educator |

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 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.

| F, SP, DC, JT | 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 and the date of transfer.

| F, SP,<br>DC, JT | 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 and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

| F, SP,<br>DC, JT | 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 in any business or organization, the term of office, and the annual compensation.

| F, SP,<br>DC, JT | NAME AND ADDRESS OF BUSINESS                                       | TITLE HELD        | TERM OF OFFICE | ANNUAL COMPENSATION |
|------------------|--|-------------------|----------------|---------------------|
| F                | The Life Foundation  | Board of Director | 3 year term    | A                   |
| F                | Criminal Justice Task Force  | Member            | 2011-Present   | A                   |
| F                | 'Aha Kāne: Foundation for the Advancement of Native Hawaiian Males | President         | 2009-Present   | A                   |

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, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F, SP,<br>DC, JT | STREET ADDRESS | TAX MAP KEY NUMBER (IF TAX<br>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, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F, SP,<br>DC, JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF<br>TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF<br>CONSIDERATION PAID | NAME OF PERSON<br>RECEIVING THE<br>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, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F, SP,<br>DC, JT | STREET ADDRESS AND TAX MAP KEY<br>NUMBER (IF TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF<br>CONSIDERATION RECEIVED | NAME OF PERSON<br>FURNISHING THE<br>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, 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, if the interest has a value of \$5,000 or more.

| F,SP,DC,JT | 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

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form 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.

*Ramon M. Cruller*  
SIGNATURE

3/16/12  
DATE