

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

<p><b>NAME (Last, First, Middle):</b> BUDD NANCY JY</p> <p><b>STATE POSITION HELD:</b> Board Member</p> <p><b>DEPT/DIVISION or BOARD/COMMISSION:</b> Hawaii State Board of Education</p> <p><b>TERM OF OFFICE (Begin/End):</b> 07/01/2012 06/30/2015</p>	<p><b>Date Received:</b></p> <p><b>12 MAY 15 AM 11</b></p> <p><b>STATE OF HAWAII STATE ETHICS COMMISSION</b></p>
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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 and amount of all income of \$1,000 or more received during the preceding calendar year for services rendered (INCLUDING INCOME EARNED FROM YOUR STATE POSITION), and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Law Offices of Nancy J. Budd 4374 Kukui Grove St., Ste 103 Lihue HI 96766	D	Legal Services
SP	UH College of Tropical Agriculture	E	County Administrator
SP	Rental Income	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 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. YOU ARE REQUIRED TO LIST ALL STOCKS, MUTUAL FUNDS OR OTHER NON-RETIREMENT INVESTMENT INTERESTS VALUED AT \$5,000 OR MORE. Please see instructions available at <http://hawaii.gov/ethics/forms/findisc/D-201-LONGINST.pdf>.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Law Offices of Nancy J. Budd	Law practice	Shareholder	1,000 shares
JT	Abbott Labs		"	B
JT	Clorox Co.		"	B
JT	Johnson & Johnson		"	B
JT	Wells Fargo & Co.		"	B

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, 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, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
SP	MGC Mortgage, Inc.	G	E

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, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Hawaii Justice Foundation	Director	2008-2014	None
F	Hale `Opio Kauai, Inc. Community Advisory	Member	2011-	None
F	Hawaii Community Foundation- Kauai	Member	2005-2013	None
F	Leadership Council	Grant committee	2009-2012	None
F	Annie Sinclair Knudsen Fund	Board member	2010-	None
SP	Kauai Farmer's Association			

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,DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
F	4374 Kukui Grove St Ste 103 Lihue HI	4-3-3-006-025-003-002	F
JT	Huleia	4-3-1-002-012	C
SP	4020C Koloa Rd, Koloa HI	4-2-6-009-048	G
SP	2945 Mokoi St Lihue, HI	4-3-2-008-045	H
SP	4609 Apopo Rd Kapaa, HI	4-4-6-034-035	H

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,DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & 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, 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,DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & 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, 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.

*Nancy Paul*  
SIGNATURE

5/11/2012  
DATE