

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

NAME (Last, First, Middle): Sakai Theodore I STATE POSITION HELD: Director DEPT/DIVISION or BOARD/COMMISSION: Public Safety + TERM OF OFFICE (Begin/End): 06/01/2012 12/01/2014	Date Received: 12 JUN 14 P12:36 STATE OF HAWAII 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 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	Pu'ulu Lapa`au 320 Ward Avenue, Honolulu, Hawaii 94814	C	Executive Director
F	MGT of America 502 E. 11th Street, #300, Austin Texas 78701	C	Consultant
F	Hilo Medical Center 1190 Waiuanuenue Avenue, Hilo, HI 96720	B	Labor Arbitrator
F	County of Hawaii 25 Aupuni Street, Hilo, Hawaii 96720	B	Labor Arbitrator

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	Ted I. Sakai and Associates 47-571 Ahuimanu Road Kaneohe, HI 96744	Consulting Services	Sole Proprietor	na
F	Sakai Hilo LLC	Property management	Partner	\$28,000

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
JT	Bank of Hawaii	\$341,000	\$323,000

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	Hawaiian Legacy Foundation P.O. Box 8230 Honolulu, HI 96830	President	Ongoing	None
F	Kualoa-Heeia Ecumenical Youth Project 47-200 Waihee Road Kaneohe, HI 96744	Past President	Exp. January 2013	None
F	Read to Me International 126 Queen Street #303 Honolulu, HI 96813	Director	On-going	None
F	Hawaii Council for the Humanities 3599 Waiialae Ave. # 25, Honolulu HI 96816	Director	October 2014	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, 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	652 Hualani Street Hilo, Hawaii	2-2-034-101-0000	\$168,000

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.

Thudne / Suhai

 SIGNATURE

June 13, 2012

 DATE

Hawaii State Ethics Commission
 Disclosure of Financial Interests (Long Form)
 Additional Sheet 1 of 1

Item 1: Income for Services Rendered for Preceding Calendar Year

F	Department of Public Safety 919 Ala Moana Boulevard, Honolulu, HI 96814	B	Labor Arbitrator
F	Hawaii Health Systems Corp – Maluhia Hospital 1027 Hala Drive, Honolulu, HI 96817	B	Labor Arbitrator
F	Hawaii Government Employees Association 888 Mililani Street, Honolulu, HI 96813	C	Labor Arbitrator
F	Hawaii Island Workforce and Economic Development Ohana 319 Kinoole Street, Hilo, Hawaii 96720	B	Consultant
F	Fresh Leadership 2730 Kahawai Street, Honolulu, HI 96822	C	Consultant
F	Good Beginnings Alliance 33 So. King Street, Ste. 200, Honolulu, HI 96813	B	Consultant
F	The Salvation Army – Addiction Treatment Services 3624 Waokanaka Street, Honolulu, HI 96817	B	Consultant
SP	Northwestern Mutual Life 720 E. Wisconsin Street, Milwaukee, WI 53202	C	Financial Services
SP	LPL Financial 9785 Towne Centre Drive, San Diego, CA 92121	D	Financial Services
SP	Mid-Pacific Partners 1357 Kapiolani Blvd, Ste. 1500, Honolulu, HI 96814	B	Financial Services
SP	John Hancock Life Insurance Co PO Box 111, Boston MA 02117	B	Financial Services