

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

NAME (Last, First, Middle): ISHII DANIEL M STATE POSITION HELD: ASSOCIATE VICE PRESIDENT FOR RESEARCH DEPT/DIVISION or BOARD/COMMISSION: UNIVERSITY OF HAWAII SYSTEM TERM OF OFFICE (Begin/End): 07/01/2012 06/30/2013	Date Received: '13 MAR -8 AM 11:44 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
JT	2754 KUILEI STREET, UNIT 1502, HONOLULU, HI 96826	B	RENTAL INCOME
SP	RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII, 2800 WOODLAWN DRIVE, SUITE 200, HONOLULU, HI 96822	D	APPLIED RESEARCH LABORATORY PROGRAM ADMINISTRATOR
SP	UNIVERSITY OF HAWAII AT MANOA, 2500 CAMPUS RD, HONOLULU, HI 96822	D	FACULTY SPECIALIST
F	UNIVERSITY OF HAWAII SYSTEM, 2800 WOODLAWN DRIVE, MIC 201, HONOLULU, HI 96822	G	RESEARCH ADMINISTRATION

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
SP	AMERICAN CENTURY INVESTMENTS, PO BOX 419200, KANSAS CITY, MISSOURI 64141-6200	MUTUAL FUND	SHAREHOLDER	C
JT	BOSTON CAPITAL TAX CREDIT FUND IV LP - SERIES 25, ONE BOSTON PLACE 21ST FLOOR, BOSTON, MA 02108-4406	INVESTOR SERVICES	PARTNER	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	UNIVERSITY OF HAWAII FEDERAL CREDIT UNION, 2019 SOUTH KING STREET, HONOLUU, HI 92826	C	C
JT	BANK OF HAWAII, KAHALA RESIDENTIAL LOAN OFFICE, 4211 WAIALAE AVE, STE 101, HONOLULU, HI 96816	H	H

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	McKINLEY HIGH SCHOOL FOUNDATION, 1039 SOUTH KING STREET, HONOLULU, HI 96814	DIRECTOR	2005-2015	NONE
F	HONOLULU FESTIVAL FOUNDATION, 818 PIONEER STREET, 4TH FLOOR, HONOLULU, HI 96817	DIRECTOR	2003-(NO END DATE)	NONE
F	PACIFIC HOUSING ASSISTANCE CORPORATION, 677 ALA MOANA BLVD, SUITE 712, HONOLULU, HI 96813	DIRECTOR	2013-2015	NONE
JT	DANIEL M. & CHERYL AS ISHII TRUST, 45 -663 LOIHI STREET, KANELOE, HI 96744	TRUSTEE	INDEFINATE	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
JT	KINGS LAND BY HGVC, 69-699 Waikoloa Beach Drive, Waikoloa, Hawaii, 96738	PARID: 6900801200000	D
JT	2754 KUILEI STREET, UNIT 1502, HONOLULU, HI 96826	TMK: 27017002:0000	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
JT	KINGS LAND AT HGVC, 69-699 Waikoloa Beach Drive, Waikoloa, Hawaii, 96738. PARID: 6900801200000	D, CASH	HILTON RESORTS CORPORATION

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
<input checked="" 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, 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
<input checked="" 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. 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.



03/06/2013

SIGNATURE

DATE