

HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER

Aila. Jr.
Last Name

William
First Name

J
M.I.

FOR STATE EMPLOYEES

Land & Natural Resources
Department
Chairpersons Office
Division
DLNR Chairperson
Position

FOR STATE BOARD/COMMISSION MEMBERS

Land & Natural Resources
Board/Commission Name
12/06/2010 12/31/2014
BEGIN **END**
Term of Office (mm/dd/yyyy)

Check either number 1 or 2. If you check number 2, provide the relevant information.

1. I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.

2. I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING. For each addition, deletion, or other change of a financial interest: (1) Indicate who holds the interest, by checking one of the following: "Filer," if you hold the interest; "Spouse," if your spouse holds the interest; "Dependent Child," if your dependent child holds the interest; or "Jointly," if you and your spouse jointly hold the interest; (2) Check "Addition," to indicate the addition of an interest; "Deletion," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; (3) Describe the interest by following the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions." Also, provide the appropriate item number for the interest you are describing.

<p><u>Check One:</u></p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Waianae Community Re-Development Corp. P.O. Box 441 Waianae, Hawaii 96792</p>
<p><u>Check One:</u></p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") University of Hawaii State of Hawaii Central Payroll P.O. Box 119 Honolulu, Hawaii 96810</p>
<p><u>Check One:</u></p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p>
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STATE OF HAWAII
 STATE ETHICS COMMISSION
 '13 MAY 24 PM 2:00

FILER

William J. Aila, Jr.

05/23/2013

Print Name of Filer (First M.I. Last)

Date (m/d/yyyy)

CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.