# HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER		
Ruderman Last Name	Russell First Name	Е м.і.
FOR STATE EMPLOYEES Legislature Department Senate Division State Senator Position	Begin Term of Office (mm/dd/yyyy)	END

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	Island Naturals Market, Inc 1221 Kilauea Ave #170 Hilo HI 96720	K	Management and Operations	
F	Island Naturals Kona Inc 74-5487 Kaiwi St. Kailua-Kona HI 96740	В	Interest Income	
F	Island Naturals Properties HC 1 Box 5352 Keaau HI 96749	В	Rental Income	
F	State of Hawaii - State Senate	E	Legislator	
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.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Island Naturals Market, Inc 1221 Kilauea Ave Hilo HI 96720	Natural Foods Retail	Shareholder	90%
F	Island Naturals Pahoa Inc PO Box 1429 Pahoa HI 96778	Natural Foods Retail	Shareholder	100%
F	Island Naturals Kona Inc 74-5487 Kaiwi St.Kailua-Kona HI 96740		Shareholder	55%
F	Island Naturals Properties LLC HC 1 Box 5352 Keaau HI 96749	Real Estate	Member	100%
Che	ck here if entry is None	Check here if additional s	heets 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
√ Che	ck here if entry is None Check here if additional shee	ts 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	
F	Bank of Hawaii	J	I	
F	HEDCO	Н	Н	
Che	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	Island Naturals Market, Inc 1221 Kilauea Ave Hilo HI 96720	Pres., VP, Sec., Treas.	1998- (no end)	0	
F	Island Naturals Pahoa Inc PO Box 1429 Pahoa HI 96778	Pres., VP, Sec., Treas.	2006- (no end)	0	
F	Island Naturals Kona Inc 74-5487 Kaiwi St.Kailua-Kona HI 96740	Pres., VP, Sec., Treas.	2008 - (no end)	0	
F	Island Naturals Properties LLC HC 1 Box 5352 Keaau HI 96749		2011- (no end)	0	
Che	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.

property tri	at is your personal residence of the personal residence of	your spouse or deper	dent ciliare	in need not be in	sieu.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUM KEY NUMBER EXIS		MAP	VALUE
F	15-1870 Akeakemai Loop	3-1-5-11-01			J
Che	ck here if entry is None	c	heck here	if additional s	heets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACQ ts in real property in or outside of the State acquired during try that is your personal residence or the personal residence	the disclosure period	d, if the inter	est has a value	of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE CONSIDERATION P	-	NAME OF PER THE CONSIDE	SON RECEIVING RATION
✓ Che	ck here if entry is None				heets are attached
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred during that was your personal residence or the personal residence.	ng the disclosure per	iod, if the int	terest has a valu	ie of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE CONSIDERATION R		NAME OF PER THE CONSIDE	SON FURNISHING RATION
<b>V</b> Che	ck here if entry is None	c	heck here	it additional s	heets 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		Che	eck here if additional she	eets are attached
ITEM 10: CREDITOR II List the amount and identity of every creditor interest in inso \$5,000 or more.				erest has a value of
F,SP, DC,JT NAME AND ADDRESS OF BUSINESS	NATURE O	F BUSINESS	NATURE OF INTEREST	VALUE
✓ Check here if entry is None				
FILER				
Russell E Ruderman			2/25/20	)14
Type Name of Filer (First, M.I., Last)(Signature required	on this line if you	are filing a pape	er form) Date (m/d	//уууу)

CERTIFICATION: By checking this box or signing your name on this form, 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.