

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

**FILER**

Cysewski  
Last Name

Gerald  
First Name

R  
M.I.

**FOR STATE EMPLOYEES**

Department

Division

Position

**FOR STATE BOARD/COMMISSION MEMBERS**

Natural Energy Laboratory of Hawaii

Board/Commission Name

11/18/2013

11/17/2017

**BEGIN**

**END**

*Term of Office (mm/dd/yyyy)*

**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             | Cyanotech Corporation<br>73-4460 Queen K. Hwy., #102<br>Kailua- Kona, HI 96740 | F      | Chief Science Officer<br>Executive Vice President |
| SP            | Active Graphics<br>73-4781 Halolani Street<br>Kailua-Kona, HI 96740            | C      | Owner<br>Graphic Arts                             |

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             | Cyanotech Corporation<br>73-4460 Queen K. Hwy., #102<br>Kailua-Kona, HI 96740 | Nutrition supplements | Stockholder        | 1                      |

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,<br>DC,JT | OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD | DATE OF<br>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,<br>DC,JT | NAME OF CREDITOR     | ORIGINAL AMOUNT<br>OWED | AMOUNT<br>OUTSTANDING |
|----------------|----------------------|-------------------------|-----------------------|
| F              | Wells Fargo Mortgage | G                       | F                     |

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,<br>DC,JT | NAME AND ADDRESS OF BUSINESS  | TITLE HELD                 | TERM OF OFFICE | ANNUAL<br>COMPENSATION |
|----------------|---|----------------------------|----------------|------------------------|
| F              | Cyanotech Corporation<br>73-4460 Queen K. Hwy., #102<br>Kailua-Kona, HI 96740 | Director<br>Executive V.P. | On going       | F                      |
| F              | Kona Sailing Club<br>P.O. Box 2996<br>Kailua-Kona, HI 96740                   | Director<br>Vice President | until Jan 2015 | A                      |

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,<br>DC, JT | STREET ADDRESS | TAX MAP KEY NUMBER (IF TAX MAP<br>KEY NUMBER EXISTS) | VALUE |
|------------------|----------------|--|-------|
|                  |                |  |       |

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,<br>DC, JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF<br>TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF<br>CONSIDERATION PAID | NAME OF PERSON RECEIVING<br>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,<br>DC, JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF<br>TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF<br>CONSIDERATION RECEIVED | NAME OF PERSON FURNISHING<br>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,<br>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 |                              |                    |                    |       |

**FILER**

Gerald R. Cysewski

6/2/2014

Type Name of Filer (First, M.I., Last)(Signature required on this line if you are filing a paper form)

Date (m/d/yyyy)

**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.

For Gerald R. Cysewski

Item 2 (continued): OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSE

| F,SP,<br>DC, JT | BUSINESS NAME<br>ADDRESS   | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE OR NO<br>OF SHARES |
|-----------------|--|--------------------|--------------------|--------------------------|
| F               | Applied Materials, Inc.<br>3050 Bowers Avenue<br>Santa Clara, Ca 95052   | Semi-Conductors    | Stockholder        | B                        |
| F               | Chevron Corp.<br>6001 Bollinger Canyon Rd<br>San Ramon, CA 94683         | Oil and Gas        | Stockholder        | B                        |
| F               | EI Dupont<br>1007 Market St.<br>Wilmington, DE 19898                     | Chemicals          | Stockholder        | B                        |
| F               | Emerson Electric Co.<br>800 Erdy Florissant Ave.<br>St. Louis, Mo 63136  | Electric power     | Stockholder        | B                        |
| F               | MDU Resources Group<br>1200 W. Century Ave.<br>Bismarck, ND 58506        | Utilities          | Stockholder        | B                        |
| F               | United Technologies<br>One Financial Plaza<br>Hartford, Ct 06101         | Aerospace          | Stockholder        | B                        |
| F               | WGL Holdings<br>101 Constitution Ave, NW<br>Washington DC 20080          | Gas Utilities      | Stockholder        | B                        |
| F               | Davis New York Venture Fund<br>2949 E. Elvira Rd, #101<br>New York, NY   | Mutual Fund        | Stockholder        | B                        |
| F               | Lord Abbett National<br>90 Hudson St.<br>Jersey City, NJ 07302           | Mutual Fund        | Stockholder        | E                        |
| S               | John Hancock<br>601 Congress St.<br>Boston, MA 02210                     | Mutual Fund        | Stockholder        | D                        |
| S               | Healthcare Services Group<br>3220 Tillman Dr. #300<br>Bensalem, PA 19020 | Healthcare         | Stockholder        | C                        |
| S               | Susser Holding Corp<br>4525 Ayers St.<br>Corpus Christi, TX 78415        | Grocery Stores     | Stockholder        | C                        |

|   |   |      |             |   |
|---|---|------|-------------|---|
| S | Tesla Motors, Inc.<br>3500 Deer Creek Rd.<br>Palo Alto CA 94304 | Cars | Stockholder | C |
|---|---|------|-------------|---|