HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER						
Richards Lec		Leor	1			
Last Nan	Last Name First		lame			M.I.
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS			N MEMBERS
University of Hawaii						
Department			Board/Commission Name			
Kapiol	ani Community College					
Division			BEGIN END			
Chancellor			Term of Office (mm/dd/yyyy)			
Position						
	OR EACH ITEM, EXCEPT ITEM 9, DISCLO ABBREVIATIONS: "F" for filer, "SP" for spous					
	ITEM 1: INCOME FOR SERV urce and amount of all income of \$1,000 or m EARNED FROM YOUR STATE POSITION), a	ore received duri	ng the prece	ding	calendar year for services re	endered (INCLUDING
F,SP,	NAME AND ADDRESS OF SOURCE OF INC	OME	AMOUNT		CEDVICES DENDEDED	
F DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME. UH-Kapiolani Community College		G		Chancellor	
	4303 Diamond Head Rd					
	Honolulu, HI 96816					
Che	ck here if entry is None				Check here if additional s	heets are attached
	ITEM 2: OWNERSHIP	OR BENEFICI	AL INTERE	STS	IN BUSINESSES	
	nount and identity of every ownership or bene antitreest has a value of \$5,000 or more or is a					
LIST ALL S	STOCKS, MUTUAL FUNDS OR OTHER NON					
	ctions available at http://hawaii.gov/ethics.			1		VALUE OF NO
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BI	JSINESS	N.	ATURE OF INTEREST	VALUE OR NO. OF SHARES
				<u> </u>		
✓ Che	eck here if entry is None		L	c	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 TR	DATE OF TRANSFER					
✓ Che	ck here if entry is None		Check here if additiona	al sheets are attached			
		ITEM 4: CREDITORS					
	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installme			original amount and			
	tstanding. Exclude debts from retail installine	nt transactions for the purchas		1			
F,SP, DC,JT	NAME OF CREDITOR		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING			
JT	First Hawaiian Bank		H	Н			
	(Mortgage)						
Che	ck here if entry is None		Check here if additional sheets are attached				
	ITEM 5: OFFICER	SHIPS, DIRECTORSHIPS,	TRUSTEESHIPS				
	officership, directorship, trusteeship, or other	fiduciary relationship held duri		y business or			
organizatio	on, the term of office, and the annual compens	sation.	I	ı			
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION			
Cho	ck here if entry is None	Check here if additions	al 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.

broberry m	at is your personal residence of the personal residence of	your spouse or dependen	t ormaterribeed fiot be	notou.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER KEY NUMBER EXISTS)	(IF TAX MAP	VALUE
√ Che	ck here if entry is None	Chec	k here if additional	sheets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACQ its in real property in or outside of the State acquired during orty that is your personal residence or the personal residence	the disclosure period, if t	he interest has a value	e of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PEI	RSON RECEIVING ERATION
·				
√ Che	ck here if entry is None	Chec	k here if additional	sheets are attached
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS its in real property in or outside of the State transferred duri erty that was your personal residence or the personal residence.	ing the disclosure period,	if the interest has a va	lue of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECE		RSON FURNISHING ERATION
√ Che	ck here if entry is None	Chec	k 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				
✓ Che	ck here if entry is None		Che	eck here if additional sho	eets 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.					erest has a value of	
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						
FILER						
Leon Richards 6/26/2014				014		
Type Name of Filer (First, M.I., Last)(Signature required on this line if you are filing a paper form) Date (m/d/yyyy)						
CEL	TIEICATION, Dy shooking this how	~ ~ ~ i	anina vour name on th	hie form you cianify	and affirm that	

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.