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

FILER								
Uyehara Le		Letit	ia	N.				
Last Nan	Last Name First		Name		M.I.			
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS					
Department			Agribusi Board/Com 07/01/20	Corporation 0/2016				
Division			BEGIN END   Term of Office (mm/dd/yyyy)					
Position								
	OR EACH ITEM, EXCEPT ITEM 9, DISCL ABBREVIATIONS: "F" for filer, "SP" for spous							
	ITEM 1: INCOME FOR SERV urce and amount of all income of \$1,000 or n EARNED FROM YOUR STATE POSITION),	nore received dur	ing the precedi	ing calendar year for services				
F,SP, DC,JT	NAME OF EMPLOYER / OTHER SOLIDOR/S	) OF INCOME	AMOUNT	SERVICES RENDERED				
F	Armstrong Produce		100,000	Director of Marketing				
Che	ck here if entry is None			Check here if additional	sheets are attached			
State if the LIST ALL S	ITEM 2: OWNERSHII nount and identity of every ownership or bene interest has a value of \$5,000 or more or is STOCKS, MUTUAL FUNDS OR OTHER NO e instructions available at http://ethics.hawaii.	eficial interest held equal to 10% or r N-RETIREMENT	d during the dis	sclosure period in any busines nership of the business. YOU	ARE REQUIRED TO			
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	USINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES			
			32					
✓ 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.

Check here if entry is None  Check here if additional sheets  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 ar amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.  F,SP,  ORIGINAL AMOUNT AMOUNT	amount and
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✓ 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 organization, the term of office, and the annual compensation.	ss or
F,SP, DC,JT NAME OF BUSINESS TITLE HELD TERM OF OFFICE COMPE	AL ENSATION
✓ Check here if entry is None Check here if additional sheets	

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.

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F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	( MAP VALUE			
√ Che	ck here if entry is None	Check here if additional sheets are attached				
	ITEM 7: INTERESTS IN REAL PROPERTY ACQ					
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			
✓ Check here if entry is None Check here if additional sheets are attache						
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			
√ Che	ck 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				
✓ Check here if entry is None				Che	ck here if additional sh	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.						
F,SP, DC,JT NAME OF BUSINESS		1	NATURE OF BUSINESS	S	NATURE OF INTEREST	VALUE
✓ Check here if entry is None       Check here if additional sheets are attached						
FILER						
Letitia N. Uyehara 09/16/2014					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						

**CERTIFICATION:** By checking this box or signing your name on this form, you signify and affirm the 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.