

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

**FILER**

Roehrig  
Last Name

Stanley  
First Name

H  
M.I.

**FOR STATE EMPLOYEES**

Department

Division

Position

**FOR STATE BOARD/COMMISSION MEMBERS**

Board of Land & Natural Resources

Board/Commission Name

July 1, 2014

June 30 2018

**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 OF EMPLOYER / OTHER SOURCE(S) OF INCOME	AMOUNT	SERVICES RENDERED
F	Bickerton Lee Dang Sullivan & Meheula	F	Of Council Legal Services
F	Hilo Lagoon Centre	E	Rental Income
JT	Makana Kai, LLFP	C	Rental Income

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://ethics.hawaii.gov>.

F, SP, DC, JT	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Stanley H. Roehrig, AAL, ALC	Law Practice	100%	A
F	Stanley H. Roehrig, LLLP	Law Practice	100%	A
JT	Makana Kai LLFP	Rental	50/50	J
F	Keokea Makai	PA	Principal	20 Units

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, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF 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, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING

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 OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Keaukaha One Youth Development 501(c)(3) Public Charity	Member Board of Directors	At Will	None
SP	Keaukaha One Youth Development 501(c)(3) Public Charity	Member Board of Directors	At Will	None
F	Keokea Makai	Member	At Will	None
JT	Makana Kai	Partner	At Will	None
F	SHR AAL, ALC	Pres,Sec,Treas,Dir	At Will	None
F	SHR LLLC	Sole Officer/member	At Will	None
F	Stanley H. Roehrig Trust	Trustee	On going	None
SP	Janice H. Roehrig Trust	Trustee	On going	None

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, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP 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, 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 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, 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

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 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, DC, JT	NAME 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**

Stanley H. Roehrig

09/21/2014

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.

	STANLEY H. ROEHRIG-LAND BOARD				
<b>ITEM 2</b>	<b>STOCKS, MUTUAL FUNDS, ETC.</b>				
	NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
SP	BANCO SANTANDER SA ADR F	SAN	Financial services	Stockholder	C
SP	LAB CP OF AMER HLDG NEW	LH	Health Care Services	Stockholder	C
SP	VERIZON COMMUNICATIONS	VZ	Telecom	Stockholder	C
F	HONOLULU HI CITY C 5%21		Municipal Bonds	Stockholder	F
F	E M C CORP MASS	EMC	Computer hardware & storage	Stockholder	C
F	GENERAL ELECTRIC COMPANY	GE	Electrical equipment	Stockholder	E
F	JPMORGAN CHASE & CO	JPM	Financial services	Stockholder	D
F	NEW YORK CMNTY BANCORP	NYCB	Financial services	Stockholder	C
F	ABERDEEN GLOBAL HIGH	JHYIX	Global Bond Fund	Stockholder	F
F	DOUBLELINE TOTAL RETURN	DBLTX	Fixed Income Fund	Stockholder	E
F	JP MORGAN EXCH TRADED NT	AMJ	Energy ETN	Stockholder	D
F	KILROY REALTY CORP	KRC	Real Estate REIT	Stockholder	B
F	SLM CORPORATION 6% PFD	JSM	Speciality finance	Stockholder	D
F	YORKVILLE HIGH INC ETF	YMLP	Energy	Stockholder	D

	STANLEY ROEHRIG-LAND BOARD WORK SHEET		ASSESSED VALUE	
ITEM 6	STREET ADDRESS	TAX MAP KEY		VALUE
F	101 AUPUNI ST. HILO, HI 96720	3-2-2-14-10-21		G
F	101 AUPUNI ST. HILO, HI 96720	3-2-2-14-10-22		G
F	101 AUPUNI ST. HILO, HI 96720	3-2-2-14-10-23		G
JT	PAHOEHOE, SOUTH KONA (62.13%)	3-8-7-2-16		E
JT	PAHOEHOE, SOUTH KONA (62.13%)	3-8-7-2-28		G
JT	OPIHIHALE 1, SOUTH KONA	3-8-7-13-63		H
JT	68 KEOKEA LOOP HILO, HI 96720	3-2-1-14-33		F
JT	74 KEOKEA LOOP HILO, HI 96720	3-2-1-14-55		F
JT	78 KEOKEA LOOP HILO, HI 96720	3-2-1-14-56		F
JT	84 KEOKEA LOOP HILO, HI 96720	3-2-1-14-57		F
JT	67 KEOKEA LOOP HILO, HI 96720	3-2-1-14-55		I
JT	77 KEOKEA LOOP HILO, HI 96720	3-2-1-14-56		G
F	ULAPALAKUA MAUI (12% und.)	2-2-1-004-130		C
F	ULAPALAKUA MAUI (12% und.)	2-2-1-004-129		C
F	KAU S. KONA (8% und.)	3-9-5-17-12		A