HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER Hee Last Name	Clayton First Name	H.W. M.I,
FOR STATE EMPLOYEES	FOR STATE BOARD/COM	IMISSION MEMBERS
Hawaii State Legislature Department Senate	Board/Commission Name	
Division	BEGIN	END
Senator	Term of Office (mm/dd/yyyy)	
Position		
EOD SACH ITEM EVOEDT ITEM A DIG		

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
SP	Lynne Waters Communications PO Box 4849 Kaneohe, HI 96744	С	Consulting
SP	University of Hawaii	F	Employee AVP, External Affairs
F	Hawaii State Legislature	E	Member, State Senate
F	Hawall Employees Retirement System	C	Retiree
JT	Rental Properties	ID	Rentals

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
SP	Lynne Waters Communications PO Box 4849 Kaneohe, HI 96744	С	sole proprietor	100%
Сь	ack hera if entry is None		Check here if additions	il shoets are attach

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES List any ownership or beneficial interests in businesses transferred during the disclosure period

F.SP,	The discourse period and the date of tra	nster.			
DÇ,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER			
	<u> </u>				
Che	ck here if entry is None Check here if additions	al sheets are attached			
	ITEM 4: CHYDITODO				

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 debte from retail installment transactions for the purchase of consumer goods.

F,5P, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
IT	Home Street Bank	J	Н
		-	
Ch	ck here if entry is None	Check here if addition	nal sheets are attach

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
SP	Judicial Conduct Commission	member		0
SP	Honolulu Police Community Foudation	member		0
F	St. Andrew's Priory	trustee		0
				
Ch	eck here if entry is None		Chack here if addit	ional sheets are attache

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
JT JT	4011 A&B Kaimuki Ave, Honolulu Lot 183, Kawela Gardens, Molokai	3-2-053-087-000 5-4-013-040-0000	H
Che	eck hare if entry is None	Check here if addition	nal 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

	eck here if entry is None		ere if additional sheets are attac

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.

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
T Che	ock here if entry is None		If additional sheets are attache

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGEN.

NAME O	FCLIENT	N/	NAME OF STATE AGENCY			
		1				
Che	ck here if entry is None					
		NTOD INVE		eck here if additional sh	Bels are attache	
st the am 5,000 or n	ount and identity of every creditor interes	t in insolvent	RESTS IN INSOLVENT BI businesses, held during the	JSINESSES disclosure period, if the Inte	sreat has a value o	
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	1/41/15	
			THE OF BOSINESS	MATURE OF INTEREST	VALUE	
			The decree			
					[
	A. b Maria de la companya d		<u> </u>			
Chec	k here if entry is None		Che	ck here if additional she	ets are attached	
LER	A .					
	n H.W. Hee	11	W Ke	12/20/2	2013	
	ne of Filer (First, M.I., Last)(signature r	equired on th	is line if you are filing a pene			
_				·		
J CEK	TIFICATION: By checking this are the person whose name ap	box or sig	Jning your name on th the "Filer" shove and	nis form, you signify :	and affirm the	
torm	is true, correct and complete to	o the best	of your knowledge ar	nd helief. You furthe	r certify that	
VOU U	inderstand that there are statu	tory penal	ties for failing to rapo	rt the information rec	unina al Isra	