

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER		
Oshiro Last Name	Marcus First Name	R M.I.
FOR STATE EMPLOYEES		FOR STATE BOARD/COMMISSION MEMBERS
Hawaii State Legislature Department		Board/Commission Name
State House of Representatives Division		BEGIN END
State Representative, District 46 Position		<i>Term of Office (mm/dd/yyyy)</i>

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	State House of Representative State Capitol Honolulu, Hawaii 96813	E	Legislator
F	Real Property 86-318 Puhawaii Road Waianae, Hawaii 96792	E	Sale of Real Property Interest

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	First Hawaiian Bank - Wealth Management P.O. Box 3708 Honolulu, Hawaii 96811	Investment brokerage	portfolio investment	D
F	Morgan Stanley Smith Barney 733 Bishop Street, Suite 2800 Honolulu, Hawaii 96813	investment brokerage	portfolio investment	D

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
F	1/3/ of 1/2 interest in real property located at 86-318 Puhawai Road TMK 8-6-07-03	1/8/2014
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	American Cancer Society 2370 Nuuanu Avenue Honolulu, Hawaii 96817	board member	08/11-present	none
F	Goodwill Industries of Hawaii 2610 Kilihau Street Honolulu, Hawaii 96819	board member	7/10-present	none
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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
F	86-318 Puhawai Road Waianae, Hawaii 96792	8-6-07-03	E (1/3 of 1/2 interest in real property)
<input type="checkbox"/> Check here if entry is None		<input type="checkbox"/> 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
<input checked="" type="checkbox"/> Check here if entry is None		<input type="checkbox"/> 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
F	86-318 Puhawai Road Waianae, Hawaii 96792 TMK 8-6-07-03 Note: Ownership interest of 1/3 of 1/2 interest.	H, sale and purchase of property; 1/3 of 1/2 interest; E	Adam Da Silva, Jr.
<input type="checkbox"/> Check here if entry is None		<input type="checkbox"/> 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
 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 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

Marcus R. Oshiro
 1/29/2014
 1/28/2014

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.

**HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM
(ATTACHMENT TO JANUARY 29, 2014 FILING)**

OSHIRO, MARCUS, R.

STATE REPRESENTATIVE, DISTRICT 46

ITEM 1 – INCOME FOR SERVICES RENDERED OR FILER, SPOUSE, AND DEPENDENT CHILDREN

SP	Lauzanne L. S. Fung Oshiro State of Hawaii Judiciary Honolulu District Court Honolulu, Hawaii 96813	D	Court Clerk
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ITEM 2 – OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESS

F	Bank of Hawaii Corporation c/o Computershare P.O. Box 43078 Providence, RI 02904-3078	Banking	Stockholder	E
F	Hawaiian Electric Industries Shareholder Services P.O. Box 730 Honolulu, Hawaii 96808-0730	Energy and Financial Services	Stockholder	F