HAWAII STATE ETHICS COMMISSION
CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

FILER

Last Name Thielen First Name Cynthia M.I. H.

OFFICE TO WHICH YOU SEEK ELECTION

- [ ] **Governor**
- [ ] **Lieutenant Governor**
- [ ] **Senate, District No._____**
- [x] **House of Representatives, District No.** 50
- [ ] **Office of Hawaiian Affairs, Island _____**

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** (1/1/2013 – 12/31/2013) for services rendered (INCLUDING INCOME EARNED FROM ANY STATE OR OTHER GOVERNMENT AGENCY), and the nature of the services rendered.

NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
State House of Representatives	E	
ERS	C	

- [ ] **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 (1/1/2013 to the date of filing this form) 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 for this form.

BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
Bingley LLC	investments	sole member	A
Avaline Tone Maud trust	investments	beneficiary/ttee	C
Edith Maude Henry trust	investments	beneficiary/ttee	I
West End LLC	realestate	member	H
Cynthia Henry Thielen Rev. trust	realestate/ investments	beneficiary/ ttee	J

- [ ] **Check here if entry is None**
- [x] **Check here if additional sheets are attached**

Thielen, Cynthia H.

Item 2 Additional Page

F. Morgan Stanley

1. Bristol Myers Squibb E
2. CisCoSys Inc C
3. Walt Disney Co. C
4. Microsoft Corp H

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period (1/1/2013 to the date of filing this form) and the date of transfer.

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 (1/1/2013 to the date of filing this form) and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
Bank of Hawaii	K	K

☐ **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 (1/1/2013 to the date of filing this form) in any business or organization, the term of office, and the annual compensation.

NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
Edith Maud Henry trust + Avaline Zone Maud trust 601 S. Lorraine Blvd. Los Angeles CA 90005	trustee	Life	E
Cynthia Henry Thielen rev. tr. P.O. Box 996 Kailua HI 96734	trustee	Life	G

☐ **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 (1/1/2013 to the date of filing this form), if the interest has a value of $10,000 or more. Real property that is your personal residence need not be listed.

STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
Kamualii Hwy Waimea HI	(4)1-6-08:15	G
" " " "	" " " " ;26	H
195 Aikahi Lp. Kailua HI	(1)4-3-016-002	J
7300 Beverly Blvd-Los Angeles CA		J
3867 W. 6th St. Los Angeles CA		J
3520 Washington Blvd Los Angeles CA		H

☐ **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 (1/1/2013 to the date of filing this form), if the interest has a value of $10,000 or more. Real property that is your personal residence need not be listed.

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 (1/1/2013 to the date of filing this form), if the interest has a value of $10,000 or more. Real property that was your personal residence need not be listed.

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 (1/1/2013 to the date of filing this form), 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 an insolvent business, held during the disclosure period (1/1/2013 to the date of filing this form), if the interest has a value of $5,000 or more.

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

Cynthia H. Thielen Cynthia H. Thielen 4/14/14

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.