



**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,<br>DC,JT | OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD | DATE OF<br>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,<br>DC,JT | NAME OF CREDITOR | ORIGINAL AMOUNT<br>OWED | AMOUNT<br>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,<br>DC,JT | NAME AND ADDRESS OF BUSINESS | TITLE HELD | TERM OF OFFICE | ANNUAL<br>COMPENSATION |
|----------------|------------------------------|------------|----------------|------------------------|
|                |                              |            |                |                        |

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 |
|---------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------|
| F             | Seguache County Treasurer<br>5014th Street<br>P.O. Box 177<br>Saguache, Colorado 81149 | Parcel 460313400064<br>Baca Grande Grants Unit 1<br>Lot 1184<br>MAP 162.28AC | B     |

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 |
|----------------|----------------------|
|                |                      |

Check here if entry is None
  Check here if additional sheets are attached

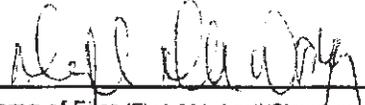
**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

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,<br>DC, JT | NAME AND ADDRESS OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST                         | VALUE            |
|------------------|------------------------------|--------------------|--------------------------------------------|------------------|
|                  |                              |                    | STATE OF HAWAII<br>STATE ETHICS COMMISSION | *14 JUN -2 A8:12 |

Check here if entry is None
  Check here if additional sheets are attached

**FILER**

  
 \_\_\_\_\_  
 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.