# HAWAII STATE ETHICS COMMISSION
# CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

**FILER**

Last Name BANDA First Name RAYMOND M.I.

**OFFICE TO WHICH YOU SEEK ELECTION**

- [ ] **Governor**
- [ ] **Lieutenant Governor**
- [x] **Senate, District No.** 18
- [ ] **House of Representatives, District No.** _____
- [ ] **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 |
|---|---|---|
| | | |

[x] **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 |
|---|---|---|---|
| | | | |

[x] **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 (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 America | 20,000 | 7,500 |

☐ **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 |
|---|---|---|---|
| | | | |

☒ **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 |
|---|---|---|
| | | |

☒ **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**

BANDA, RAYMOND [signature] 07-17-2014

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.