HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER		_			_
Camvel Dor					Ann
Last Nan	ne	First I	Name		M.I.
FOR ST	ATE EMPLOYEES		FOR STAT	TE BOARD/COMMISS	SION MEMBERS
Department Division			Hawaii Community Development Autl Board/Commission Name 04/01/2015 04/01/2017 BEGIN END Term of Office (mm/dd/yyyy)		
Position			101111 01 011	noo (mmadayyyy)	
	DR EACH ITEM, EXCEPT ITEM 9, DI ABBREVIATIONS: "F" for filer, "SP" for s				
USE				CEDING CALENDAR YEA	·
	urce and amount of all income of \$1,000 FARNED FROM YOUR STATE POSITION	or more received du	ring the precedi	ing calendar year for service	
F,SP, DC,JT			AMOUNT	SERVICES RENDERED	
Che	 eck here if entry is None			Check here if addition	al sheets are attached
	ITEM 2: OWNER	SHIP OR BENEFIC	IAL INTERES	TS IN BUSINESSES	
State if the LIST ALL	nount and identity of every ownership or e interest has a value of \$5,000 or more STOCKS, MUTUAL FUNDS OR OTHER e instructions available at http://ethics.ha	beneficial interest hel or is equal to 10% or R NON-RETIREMENT	ld during the dis more of the ow	sclosure period in any busing nership of the business. YO	U ARE REQUIRED TO
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
√ Che	eck here if entry is None			Check here if addition	al 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				
	ck here if entry is None	Γ	Check here if additiona	I sheets are attached	
		ITEM 4: CREDITORS			
List the nar	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installmen	000 or more was owed during	the disclosure period and the disc of consumer goods.	original amount and	
F,SP, DC,JT	NAME OF CREDITOR	·	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING	
Cho	ok have if entry in None	Г	7 Check have if additions	Loboata are attached	
Check here if entry is None ✓ Check here if additional sheets are attached					
	officership, directorship, trusteeship, or other fin, the term of office, and the annual compens		ing the disclosure period in any	business or	
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION	
✓ Che	ck here if entry is None	Γ	Check here if additiona	I 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.

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F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	(MAP VALUE		
√ Che	ck here if entry is None	Check here if additional sheets are attached			
	ITEM 7: INTERESTS IN REAL PROPERTY ACQ				
List interes Real prope	ts in real property in or outside of the State acquired during rty that is your personal residence or the personal residence	g the disclosure period, if the inte ce of your spouse or dependent o	rest has a value of \$10,000 or more. 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		
√ Che	ck here if entry is None	Check here	if additional sheets are attached		
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred duri rty that was your personal residence or the personal residence	ing the disclosure period, if the in	terest has a value of \$10,000 or more.		
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		
√ Che	ck 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		NAN	ME OF STATE AGENCY		
√ Che	ck here if entry is None		Che	eck here if additional she	eets are attached
I ist the am	ITEM 10: CREDITOR I count and identity of every creditor interest in inso		RESTS IN INSOLVENT BI		erest has a value of
\$5,000 or r	more.	110111	baomoooo, nota aamig ato	alcolocato portoa, il tito ilito	root has a value of
F,SP,					
DC,JT	NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
_					
✓ Check here if entry is None					
FILER					
Donna Ann Camvel			06/21/2015		
Type Name of Filer (First, M.I., Last)(Signature required on this line if you are filing a paper form) Date (m/d/yyyy)				//vvv)	
Type Traine of The first, with, East, Cognition required on this line if you are filling a paper form.					

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.

Check all that apply. - State Board/Commission Member

Department

Division

State Employee Position

State Board or Commission Name Hawaii Community Development Authority

Term of Office Start Apr 01, 2015

Term of Office End Apr 01, 2017

Category 1: Income for services rendered for preceding calendar year Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Name of Employer/ Other source of income University of Hawaii Manoa

Item #1 Compensation received C : At least \$10,000 but less than \$25,000

Item #1 Description of services rendered Graduate Research Assistant

START Item #2 Who holds interest? Spouse

Item #2 Name of Employer/ Other source of income Kaneohe Elementary School

Item #2 Compensation received C: At least \$10,000 but less than \$25,000

Item #2 Description of services rendered Custodian

START Item #3 Who holds interest? Dependent Child

Item #3 Name of Employer/ Other source of income Foodland SUper Market

Item #3 Compensation received B: At least \$1,000 but less than \$10,000

Item #3 Description of services rendered Retail

START Item #4 Who holds interest?

Item #4 Name of Employer/ Other source of income

Item #4 Compensation received

Item #4 Description of services rendered

START Item #5 Who holds interest?

Item #5 Name of Employer/ Other source of income

Item #5 Compensation received

Item #5 Description of services rendered

Category 2: Ownership or Beneficial Interests in Businesses None

START Item #1 Who holds interest?

Item #1 Legal name of business

Item #1 Nature of business

Item #1 Nature of interest Item #1 Value of interest

Item #1 Number of Shares

START Item #2 Who holds interest?

Item #2 Legal name of business

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value of interest

Item #2 Number of Shares

START Item #3 Who holds interest?

Item #3 Legal name of business

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value of interest

Item #3 Number of Shares

START Item #4 Who holds interest?

Item #4 Legal name of business

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value of interest

Item #4 Number of Shares

START Item #5 Who holds interest?

Item #5 Legal name of business

Item #5 Nature of business

Item #5 Nature of interest

Item #5 Value of interest

Item #5 Number of Shares

START Item #1 Who holds interest?

Item #1 Ownership or beneficial interest transferred during this disclosure period

Item #1 Date of transfer

START Item #2 Who holds interest?

Item #2 Ownership or beneficial interest transferred during this disclosure period

Item #2 Date of transfer

START Item #3 Who holds interest?

Item #3 Ownership or beneficial interest transferred during this disclosure period

Item #3 Date of transfer

START Item #4 Who holds interest?

Item #4 Ownership or beneficial interest transferred during this disclosure period

Item #4 Date of transfer

START Item #5 Who holds interest?

Item #5 Ownership or beneficial interest transferred during this disclosure period

Item #5 Date of transfer

Category 4: Creditors Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Legal name of creditor Ally Financial

Item #1 Original amount owed C: At least \$10,000 but less than \$25,000

Item #1 Amount outstanding C : At least \$10,000 but less than \$25,000

START Item #2 Who holds interest? Spouse

Item #2 Legal name of creditor Bank of Hawaii

Item #2 Original amount owed D: At least \$25,000 but less than \$50,000

Item #2 Amount outstanding B : At least \$1,000 but less than \$10,000

START Item #3 Who holds interest? Filer

Item #3 Legal name of creditor Federal Government

Item #3 Original amount owed C: At least \$10,000 but less than \$25,000

Item #3 Amount outstanding C : At least \$10,000 but less than \$25,000

START Item #4 Who holds interest?

Item #4 Legal name of creditor

Item #4 Original amount owed

Item #4 Amount outstanding

START Item #5 Who holds interest?

Item #5 Legal name of creditor

Item #5 Original amount owed

Item #5 Amount outstanding

Category 5: Officerships, Directorships, Trusteeships None

START Item #1 Who holds interest?

Item #1 Legal name of entity

Item #1 Title held

Item #1 Term of Office

Item #1 Annual compensation

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Title held

Item #2 Term of Office

Item #2 Annual compensation

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Title held

Item #3 Term of Office

Item #3 Annual compensation

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Title held

Item #4 Term of Office

Item #4 Annual compensation

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Title held

Item #5 Term of Office

Item #5 Annual compensation

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Value

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Value

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Value

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Value

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Value

Category 7: Interests in Real Property Acquired, excluding Personal Residence(s) None

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration paid

Item #1 Nature of consideration paid

Item #1 Legal name of person or entity receiving the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration paid

Item #2 Nature of consideration paid

Item #2 Legal name of person or entity receiving the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration paid

Item #3 Nature of consideration paid

Item #3 Legal name of person or entity receiving the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration paid

Item #4 Nature of consideration paid

Item #4 Legal name of person or entity receiving the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration paid

Item #5 Nature of consideration paid

Item #5 Legal name of person or entity receiving the consideration

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration received

Item #1 Nature of consideration received

Item #1 Legal name of person or entity furnishing the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration received

Item #2 Nature of consideration received

Item #2 Legal name of person or entity furnishing the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration received

Item #3 Nature of consideration received

Item #3 Legal name of person or entity furnishing the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration received

Item #4 Nature of consideration received

Item #4 Legal name of person or entity furnishing the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration received

Item #5 Nature of consideration received

Item #5 Legal name of person or entity furnishing the consideration

Category 9: Clients Personally Represented before State Agencies None

START Item #1 Legal name of client

Item #1 Name of State Agency

START Item #2 Legal name of client

Item #2 Name of State Agency

START Item #3 Legal name of client

Item #3 Name of State Agency

START Item #4 Legal name of client

Item #4 Name of State Agency START Item #5 Legal name of client

START I Tem #5 Legal name of Ch

Item #5 Name of State Agency

Category 10: Creditor Interests in Insolvent Businesses None

START Item #1 Who holds interest?

Item #1 Legal name of entity

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Nature of business

Item #5 Nature of interest Item #5 Value

Upload your additional information

By checking this box, 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. - I sign and affirm

Filer Name Donna Ann Camvel