HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER		
Graulty	Reynaldo	D
Last Name	First Name	M.I.
FOR STATE EMPLOYEES	FOR STATE BOARD/COMMISS Hawaii State Ethics Comm	
Department	Board/Commission Name	30/2019
Division	BEGINENDTerm of Office (mm/dd/yyyy)	
Position		

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 OF EMPLOYER / OTHER SOURCE(S) OF INCOME	AMOUNT	SERVICES RENDERED
Che	Check here if entry is None \checkmark 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://ethics.hawaii.gov.

F,SP, DC,JT	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
🖌 Che	✓ Check here if entry is None Check here if additional sheets are attach		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
🖌 Che	eck here if entry is None Check here if a	dditional sheet	ts 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
Che	Check here if entry is None Check here if additional sheets are attac		al 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 OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
🖌 Che	✓ Check here if entry is None ✓ Check here if additional sheets are attache			al 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
<u> </u>			
Che	ck here if entry is None	✓ Check here if additional s	heets 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
🖌 Che	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
🖌 Che	ck here if entry is None	Check here	e 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 OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
🖌 Che	ck here if entry is None	Che	ck here if additional she	ets are attached

FILER

Reynaldo D Graulty

07/08/2015

Type Name of Filer (First, M.I., Last)(Signature required on this line if you are filing a paper form)

Date (m/d/yyyy)

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.

Filer Name Reynaldo D Graulty

Check all that apply. - State Board/Commission Member

Department Division State Employee Position State Board or Commission Name Hawaii State Ethics Commission Term of Office Start Jul 01, 2015 Term of Office End Jun 30, 2019

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 Employee Retirement System, State of Hawaii Item #1 Compensation received E : At least \$50,000 but less than \$100,000 Item #1 Description of services rendered State retirement benefit. START Item #2 Who holds interest? Filer Item #2 Name of Employer/ Other source of income Social Security Administration Item #2 Compensation received D : At least \$25,000 but less than \$50,000 Item #2 Description of services rendered Social security benefit. START Item #3 Who holds interest? Filer Item #3 Name of Employer/ Other source of income Law Offices of Reynaldo Graulty Item #3 Compensation received D : At least \$25,000 but less than \$50,000 Item #3 Description of services rendered Legal services rendered. START Item #4 Who holds interest? Spouse Item #4 Name of Employer/ Other source of income Department of Education, State of Hawaii Item #4 Compensation received E : At least \$50,000 but less than \$100,000 Item #4 Description of services rendered Resource teacher's pay. 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

Category 3: Transfer of Ownership or Beneficial Interests in Businesses None

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 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? Joint Item #1 Legal name of creditor Freedom Mortgage Item #1 Original amount owed I : At least \$500,000 but less than \$750,000 Item #1 Amount outstanding I : At least \$500,000 but less than \$750,000 START Item #2 Who holds interest? Item #2 Legal name of creditor Item #2 Original amount owed Item #2 Amount outstanding START Item #3 Who holds interest? Item #3 Legal name of creditor Item #3 Original amount owed Item #3 Amount outstanding 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

Category 6: Interests in Real Property Held, excluding Personal Residence(s) Yes, I have items

START Item #1 Who holds interest? Joint Item #1 Street address 91-218 Wahane Place Kapolei, HI 96707 **United States** Item #1 Tax Map Key (1) 9-1-112-130 Item #1 Value I : At least \$500,000 but less than \$750,000 START Item #2 Who holds interest? Filer Item #2 Street address 87-122A Auyong Homestead Road Waianae, HI 96792 **United States** Item #2 Tax Map Key (1) 87-026-018-002-001 Item #2 Value I : At least \$500,000 but less than \$750,000 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

Category 8: Interests in Real Property Transferred, 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 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 Yes, I have items

START Item #1 Legal name of client Benjamin J. Cayetano Item #1 Name of State Agency Campaign Spending Commission 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 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

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 Reynaldo D Graulty