Hawaii State Ethics Commmission Received
7/20/2015 1:23:47 PM

HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER

Tomiyasu	Danette	W
Last Name	First Name	M.I.

FOR STATE EMPLOYEES	**FOR STATE BOARD/COMMISSION MEMBERS**
Health Department	Board/Commission Name
Division	**BEGIN** **END** *Term of Office (mm/dd/yyyy)*
Deputy Director 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

☐ **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 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

☑ **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 and the date of transfer.

F,SP, DC,JT	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 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

☐ **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, DC,JT	NAME 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, 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

☐ **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, DC,JT	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

☑ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

FILER

Danette W Tomiyasu — 07/20/2015

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 Danette W Tomiyasu

Check all that apply. - State Employee

Department Health
Division
State Employee Position Deputy Director
State Board or Commission Name
Term of Office Start
Term of Office End

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 Hawaii Department of Health
Item #1 Compensation received E : At least $50,000 but less than $100,000
Item #1 Description of services rendered administrative services
START Item #2 Who holds interest?
Item #2 Name of Employer/ Other source of income
Item #2 Compensation received
Item #2 Description of services rendered
START Item #3 Who holds interest?
Item #3 Name of Employer/ Other source of income
Item #3 Compensation received
Item #3 Description of services rendered
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

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 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 Bank of Hawaii
Item #1 Original amount owed I : At least $500,000 but less than $750,000
Item #1 Amount outstanding H : At least $250,000 but less than $500,000
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 Yes, I have items

---

START Item #1 Who holds interest? Filer
Item #1 Legal name of entity Association of Maternal and Child Health Programs
Item #1 Title held Board member
Item #1 Term of Office 2013-2015
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 650 Twin View Drive
Honolulu, Hawaii 96817

Item #1 Tax Map Key 1-8-017:022
Item #1 Value I : At least $500,000 but less than $750,000
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

---

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 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
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 Danette W Tomiyasu