

HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER		
KEITH-AGARAN	GILBERT	SC
Last Name	First Name	M.I.
FOR STATE EMPLOYEES		FOR STATE BOARD/COMMISSION MEMBERS
STATE SENATE Department		Board/Commission Name
Division		BEGIN END
STATE SENATOR		<i>Term of Office (mm/dd/yyyy)</i>
Position		

Check either number 1 or 2. If you check number 2, provide the relevant information.

1. **I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.**
2. **I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING.** For each addition, deletion, or other change of a financial interest: (1) Indicate who holds the interest, by checking one of the following: "Filer," if you hold the interest; "Spouse," if your spouse holds the interest; "Dependent Child," if your dependent child holds the interest; or "Jointly," if you and your spouse jointly hold the interest; (2) Check "Addition," to indicate the addition of an interest; "Deletion," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; (3) Describe the interest by following the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions." Also, provide the appropriate item number for the interest you are describing.

<p><u>Check One:</u></p> <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") CYPRESS VALLEY RANCH, LTD. 1450 Cypress Valley Ranch Round Mountain, Texas 78663 limited partnership interest terminated in 12/13</p>
<p><u>Check One:</u></p> <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>2</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") CYPRESS VALLEY RANCH, LTD. 1450 Cypress Valley Ranch Round Mountain, Texas 78663 limited partnership interest in cattle ranch terminated in 12/13</p>
<p><u>Check One:</u></p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>4</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") CENTRAL PACIFIC BANK Original Amount Owed: G Amount Outstanding: A loan balance paid off 2014</p>
<p><u>Check One:</u></p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>5</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") MAUI FOOD BANK 760 KOLU ST. WAILUKU, MAUI, HAWAII 96793 Director term ended</p>

<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input checked="" type="checkbox"/> Joint	<u>Check One:</u> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>6</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") 1935 OLU ST., WAILUKU, HI 96793 (TMK (2) 3-4-017: 140) & 188 OLU ST., WAILUKU, HI 96793 (TMK (2) 3-4-017: 141) H (value for adjoining lots)
<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input checked="" type="checkbox"/> Joint	<u>Check One:</u> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>7</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") 1935 OLU ST., WAILUKU, HI 96793 (TMK (2) 3-4-017: 140) & 188 OLU ST., WAILUKU, HI 96793 (TMK (2) 3-4-017: 141) AUGUST P. LEVAL; FRANCIS LEVAL H (cash consideration for adjoining lots)
<u>Check One:</u> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>9</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Client: LAHAINA DIVERS, INC. Agency: DEPT. of LAND & NAT. RESOURCES/ DIV. of BOATING & OCEAN RECREATION representation completed
<u>Check One:</u> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>9</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Client: A CUP OF COLD WATER Agency: DEPT. of COMMERCE & CONSUMER AFFAIRS representation completed
<u>Check One:</u> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>9</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Client: MAKENA BOAT PARTNERS Agency: DEPT. of LAND & NATURAL RESOURCES (LAND DIV.; OFFICE OF CONSERVATION & COASTAL LANDS; DIV. of BOATING & OCEAN RECREATION)
<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")

FILER

GILBERT S.C. KEITH-AGARAN

Print Name of Filer (*First M.I. Last*)

01/28/2015

Date (*m/d/yyyy*)

CERTIFICATION: 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.