## HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM WAIT STATE FINES COMMISSION

	DISCLOSURE OF TH	MANCIAL	- 114   12	LOIS.	STATEET	IICS COMMISS	SID.
FILER							,
HILTON Alan						C.	
	ast Name First N					M.I.	
FOR ST	STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS			
Department			Natural Energy Laboratory of Hawaii Authority BoD Board/Commission Name				
Division		·	10/07/2014 TBD <b>BEGIN END</b> <i>Term of Office (mm/dd/yyyy)</i>				
Position							
	OR EACH ITEM, EXCEPT ITEM 9, DISCL ABBREVIATIONS: "F" for filer, "SP" for spous						er.
List the so	ITEM 1: INCOME FOR SERV urce and amount of all income of \$1,000 or n EARNED FROM YOUR STATE POSITION),	nore received dur	ing the preced	ing calendar ye			DING
F,SP, DC,JT	NAME OF EMPLOYER / OTHER SOURCE(S	OF INCOME	AMOUNT	AMOUNT SERVICES RENDERED			
F	Research Corporation of the University	<u> </u>	E		Marine Superintendent		
	·	,	·		·		
JT	LynnMac Commercial LLC		D	Lease in	Lease income (Residential)		
SP	Kamehameha Schools/Bishop Estat	e	С	Lease in	Lease income (Commercial)		
Check here if entry is None				Check here	if additional :	sheets are attac	hed
	ITEM 2: OWNERSHIP	OD DENEEICI	AI INTEDES	TO IN DITCINI	ECCEC		
State if the LIST ALL \$	ount and identity of every ownership or bene interest has a value of \$5,000 or more or is STOCKS, MUTUAL FUNDS OR OTHER NO instructions available at <a href="https://ethics.hawaii">http://ethics.hawaii</a>	eficial interest held equal to 10% or n N-RETIREMENT	d during the dis nore of the ow	sclosure period nership of the b	in any business business. YOU A	RE REQUIRED 1	
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF BU	ISINESS	NATURE OF	INTEREST	VALUE OR NO. OF SHARES	
F	Monex Credit Co.				ties Held	С	
			J				
Check here if entry is None				Check here	if additional s	heets are attac	hed

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			
			<b>_</b>	
√ Che	ck here if entry is None	L	Check here if additiona	al sheets are attached
List the nat amount ou	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installme	ITEM 4: CREDITORS 000 or more was owed during t nt transactions for the purchas	he disclosure period and the e of consumer goods.	original amount and
F,SP, DC,JT	NAME OF CREDITOR		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	First Hawaiian Bank		I	I
TL	Nationstar Mortgage Holdings, Inc.		H	H
Che	ck here if entry is None		Check here if additiona	Il sheets are attached
		SHIPS, DIRECTORSHIPS,		
List every o organizatio	officership, directorship, trusteeship, or other n, the term of office, and the annual compens	fiduciary relationship held durir sation.	ng the disclosure period in an	y business or
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
20,01		THE HELD	TERMIOI OFFICE	COMI ENGATION
[] Che	ck here if entry is None		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.

property ti	lat is your personal residence or the personal residence of	your spouse or dependent childi	en need not be i	listea.		
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TA KEY NUMBER EXISTS)	X MAP	VALUE		
JT	10307 46th Ave. NE, Seattle, WA 98125	N/A		ı		
SP	46-016 Kawa St., Kaneohe, HI 96744	Parcel # 46011047 (1/16tl	h interest)	F		
Che	eck here if entry is None	Check here	e if additional s	sheets are attached		
List interes	ITEM 7: INTERESTS IN REAL PROPERTY AC					
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			
i						
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 PER THE CONSIDE	SON FURNISHING RATION		
		I .				

✓ 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.					rest has a value of		
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	11/10			07/20/201	5		
Filer's Signature				Date			
71							

✓ **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.