

**HAWAII STATE ETHICS COMMISSION  
DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM**

STATE OF HAWAII  
STATE ETHICS COMMISSION

**FILER**

Last Name MCLAUGHLIN First Name THOMAS M.I. J

**FOR STATE EMPLOYEES**

Department

Division

Position

**FOR STATE BOARD/COMMISSION MEMBERS**

HAWAII COMMUNITY DEVELOPMENT AUTHORITY  
Board/Commission Name

BEGIN 03/01/2015 END 02/28/2017  
Term of Office (mm/dd/yyyy)

**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
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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
- SEE ATTACHED SHEET -				
<input type="checkbox"/> Check here if entry is None <input checked="" type="checkbox"/> 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
F	HALE KONEKA ROAD	MEMBER OF BOARD	EXPIRE 2/2017	NONE
F	ALAMOANA-KOKOHAU NEIGHBORHOOD BOARD	SECRETARY	7/2013 - 6/2015	NONE

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
JT	909 MAJESTIC DRIVE WASHINGTON, LT 84780	W-MJV-120-1	9

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.

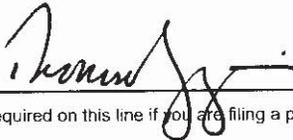
NAME OF CLIENT	NAME OF STATE AGENCY
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached	

**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
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached				

**FILER**

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

03-24-2015  
 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.

**ITEM 2. OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES**

<u>F, SP, DC, JT</u>	<u>NAME OF BUSINESS</u>	<u>NATURE OF BUSINESS</u>	<u>NATURE OF INTEREST</u>	<u>VALUE OR NO. OF SHARES</u>
JT	WISDOM TREE TRUST DXJ	ETF FUND	SHARES OWNED	B
JT	FIDELITY SELECT INDUSTRIALS FCYIX	MUTUAL FUND	SHARES OWNED	B
JT	FIDELITY VALUE FDVLX	MUTUAL FUND	SHARES OWNED	C
JT	FIDELITY MEGA CAP FGRTX	MUTUAL FUND	SHARES OWNED	B
JT	FIDELITY LOW PRICE FUND FLPSX	MUTUAL FUND	SHARES OWNED	B
JT	FIDELITY HEALTH FHLC	MUTUAL FUND	SHARES OWNED	D
JT	FIDELITY SELECT HEALTH FSPHX	MUTUAL FUND	SHARES OWNED	B
JT	ISHARES TRANSPORTATION IYT	ETF FUND	SHARES OWNED	B
JT	VANGUARD INDEX FUND VNQ	ETF FUND	SHARES OWNED	B
JT	FIDELITY FREEDOM FUNDS	MUTUAL FUND	SHARES OWNED	H
JT	FIDELITY GOVERNMENT FUND FGMXX	MUTUAL FUND	SHARES OWNED	E
JT	NB GENESIS FUND NBGEX	MUTUAL FUND	SHARES OWNED	C
JT	FIDELITY RESERVES MM FDRXX	MONEY MARKET FUND	SHARES OWNED	G