

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

<b>FILER</b>		
Whalen	John	P
Last Name	First Name	M.I.

FOR STATE EMPLOYEES	FOR STATE BOARD/COMMISSION MEMBERS
Department	Hawaii Community Development Authority Board/Commission Name
Division	03/31/2015                      06/30/2019 <b>BEGIN                                      END</b> <i>Term of Office (mm/dd/yyyy)</i>
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
<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**

John P Whalen

05/18/2016

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 John P Whalen

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Check all that apply. - State Board/Commission Member

Department

Division

State Employee Position

State Board or Commission Name Hawaii Community Development Authority

Term of Office Start Mar 31, 2015

Term of Office End Jun 30, 2019

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Category 1: Income for services rendered for preceding calendar year Yes, I have items

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START Item #1 Who holds interest? Filer

Item #1 Name of Employer/ Other source of income Plan Pacific, Inc.

Item #1 Compensation received B : At least \$1,000 but less than \$10,000

Item #1 Description of services rendered Planning consulting

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

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Category 2: Ownership or Beneficial Interests in Businesses Yes, I have items

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START Item #1 Who holds interest? Joint

Item #1 Legal name of business Third Avenue

Item #1 Nature of business Mutual Fund

Item #1 Nature of interest Shareholder

Item #1 Value of interest

Item #1 Number of Shares 2504.0

START Item #2 Who holds interest? Joint

Item #2 Legal name of business Fidelity Growth & Income

Item #2 Nature of business Mutual Fund

Item #2 Nature of interest Shareholder

Item #2 Value of interest

Item #2 Number of Shares 418.0

START Item #3 Who holds interest? Joint

Item #3 Legal name of business Fidelity Overseas

Item #3 Nature of business Mutual Fund

Item #3 Nature of interest Shareholder

Item #3 Value of interest

Item #3 Number of Shares 1940.0

START Item #4 Who holds interest? Joint

Item #4 Legal name of business Oakmark

Item #4 Nature of business Mutual Fund

Item #4 Nature of interest Shareholder

Item #4 Value of interest

Item #4 Number of Shares 1639.0

START Item #5 Who holds interest? Spouse

Item #5 Legal name of business Fasi Family Partnership & Kalihi Kai Partners

Item #5 Nature of business Commercial Property Management

Item #5 Nature of interest Limited Partner (12%)

Item #5 Value of interest G : At least \$150,000 but less than \$250,000

Item #5 Number of Shares

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

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**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**

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**Category 4: Creditors** Yes, I have items

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**START Item #1 Who holds interest?** Joint

**Item #1 Legal name of creditor** Colonial Savings

**Item #1 Original amount owed G : At least \$150,000 but less than \$250,000**

**Item #1 Amount outstanding G : At least \$150,000 but less than \$250,000**

**START Item #2 Who holds interest?** Joint

**Item #2 Legal name of creditor** Colonial Savings

**Item #2 Original amount owed G : At least \$150,000 but less than \$250,000**

**Item #2 Amount outstanding G : At least \$150,000 but less than \$250,000**

**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**

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**Category 5: Officerships, Directorships, Trusteeships** Yes, I have items

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**START Item #1 Who holds interest?** Filer

**Item #1 Legal name of entity** Parents and Children Together

**Item #1 Title held** Vice-President

**Item #1 Term of Office** 2015-2018

**Item #1 Annual compensation**

**START Item #2 Who holds interest?** Filer

**Item #2 Legal name of entity** Scenic Hawaii

**Item #2 Title held** Advisor

**Item #2 Term of Office** 2016

**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**

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**Category 6: Interests in Real Property Held, excluding Personal Residence(s) None**

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**START Item #1 Who holds interest?**

**Item #1 Street address**

**Item #1 Tax Map Key**

**Item #1 Value**

**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**

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**Category 7: Interests in Real Property Acquired, excluding Personal Residence(s) None**

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**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**

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**Category 8: Interests in Real Property Transferred, excluding Personal Residence(s) None**

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**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**

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**Category 9: Clients Personally Represented before State Agencies None**

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**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**

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**Category 10: Creditor Interests in Insolvent Businesses None**

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**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**

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**Upload your additional information**

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**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** John P Whalen