HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER		Ol-	.1.		0	
		Clar			S	
Last Nan	ast Name First		Name	M.I.		
FOR ST	ATE EMPLOYEES		FOR STAT	E BOARD/COMMISSI	ON MEMBERS	
			Board of	f Agriculture		
Departme	ent		Board/Com	mission Name		
			07/01/2013 06/30/2017			
Division			BEGIN			
			Term of Office (mm/dd/yyyy)			
Position						
	DR EACH ITEM, EXCEPT ITEM 9, DISC ABBREVIATIONS: "F" for filer, "SP" for spo					
	ITEM 1: INCOME FOR SE urce and amount of all income of \$1,000 of ARNED FROM YOUR STATE POSITION	r more received du	ring the precedi			
F,SP, DC,JT			AMOUNT	SERVICES RENDERED	IDERED	
DO,51	NAME OF EMPLOYER / OTHER SOURCE(S) OF INCOME		AIVIOOITI	SERVICES REINDERED		
Che	ck here if entry is None		✓	Check here if additional	sheets are attached	
				TS IN BUSINESSES		
	nount and identity of every ownership or be interest has a value of \$5,000 or more or					
LIST ALL S	STOCKS, MUTUAL FUNDS OR OTHER No instructions available at http://ethics.haw	ION-RETIREMENT	INVESTMENT	INTERESTS VALUED AT \$5	5,000 OR MORE.	
	mistractions available at mtp.//etmcs.naw	an.gov.			VALUE OF NO	
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	SUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES	
	als have if entire in Norma			Charle have it and distance	aboute ore attack at	
Cne	ck here if entry is None		✓	Check here if additional	sneets 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,	CAMPEDOLUB OD DENESIONAL INTEREST. T	DANIOFEDDED DUDING TUIC F	NICOLOGUES DEDICE	DATE OF TRANSFER		
DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD					
✓ Che	ck here if entry is None		Check here if additiona	I sheets are attached		
		ITEM 4: CREDITORS				
List the na amount ou	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installme	000 or more was owed during nt transactions for the purchas	the disclosure period and the see of consumer goods.	original amount and		
F,SP,	-		ORIGINAL AMOUNT	AMOUNT		
DC,JT	NAME OF CREDITOR		OWED	OUTSTANDING		
	als have if automic Name	Г	Charlebone if additions	 		
Check here if entry is None						
List every	ITEM 5: OFFICER officership, directorship, trusteeship, or other	RSHIPS, DIRECTORSHIPS,	TRUSTEESHIPS	v husiness or		
organizatio	on, the term of office, and the annual compen	sation.	ing the disclosure period in an	y business of		
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION		
DC,31	INAIVIE OF BOSINESS	I III LE IILLO	TERM OF OFFICE	COMPLINGATION		
Che	ck here if entry is None		Check here if additiona	l shoots 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 tri	at is your personal residence of the personal residence of	your spouse or depe	ndent ciliure	in need not be it	316G.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)		(MAP	VALUE
Che	ck here if entry is None				heets are attached
List interes Real prope	ITEM 7: INTERESTS IN REAL PROPERTY ACC its in real property in or outside of the State acquired during irty that is your personal residence or the personal residence	the disclosure perio	d, if the inter	rest has a value	of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATUR CONSIDERATION F		NAME OF PER THE CONSIDE	SON RECEIVING RATION
·	·				
✓ Che	ck here if entry is None		Check here	if additional s	sheets are attached
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred dur try that was your personal residence or the personal residence.	ing the disclosure pe	riod, if the in	terest has a valu	ue of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATUR CONSIDERATION F		NAME OF PER THE CONSIDE	SON FURNISHING RATION
√ Che	ck here if entry is None		Check here	if additional s	heets 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		NAI	ME OF STATE AGENCY			
√ Che	ck here if entry is None	l .	Che	ck here if additional sh	eets are attached	
			RESTS IN INSOLVENT BU			
List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value (\$5,000 or more.				erest has a value of		
F,SP, DC,JT	NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE	
20,01	TWINE OF BOOMESO		TWO TO BOOMEDO	TWO TENEDS	VALUE	
Check here if entry is None Check here if additional sheets are attached						
FILER						
Clark S Hashimoto 05/20/2016				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)				l/yyyy)		
	<u> </u>					

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.

Check all that apply. - State Board/Commission Member

Department

Division

State Employee Position

State Board or Commission Name Board of Agriculture

Term of Office Start Jul 01, 2013

Term of Office End Jun 30, 2017

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 Hashimoto Persimmon Farm

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

Item #1 Description of services rendered Selling fresh persimmon Fruits and products such as dried fruit and jams.

START Item #2 Who holds interest? Filer

Item #2 Name of Employer/ Other source of income State of Hawaii Retirement System

Item #2 Compensation received D: At least \$25,000 but less than \$50,000

Item #2 Description of services rendered Retirement benefits

START Item #3 Who holds interest? Filer

Item #3 Name of Employer/ Other source of income Social Security

Item #3 Compensation received C: At least \$10,000 but less than \$25,000

Item #3 Description of services rendered Social Security Benefits

START Item #4 Who holds interest? Spouse

Item #4 Name of Employer/ Other source of income State Retirement System

Item #4 Compensation received D: At least \$25,000 but less than \$50,000

Item #4 Description of services rendered State Retirement Benefits

START Item #5 Who holds interest? Spouse

Item #5 Name of Employer/ Other source of income Social Security

Item #5 Compensation received C: At least \$10,000 but less than \$25,000

Item #5 Description of services rendered Social Security Benefits

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

START Item #1 Who holds interest? Joint

Item #1 Legal name of business Hashimoto Persimmon Farm, LLC

Item #1 Nature of business Agriculture

Item #1 Nature of interest 1/3 owner of the business

Item #1 Value of interest I: At least \$500,000 but less than \$750,000

Item #1 Number of Shares 1.0

START Item #2 Who holds interest? Joint

Item #2 Legal name of business

Item #2 Nature of business

Item #2 Nature of interest
Item #2 Value 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

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 Wells Fargo Home Mortage

Item #1 Original amount owed H: At least \$250,000 but less than \$500,000

Item #1 Amount outstanding H: At least \$250,000 but less than \$500,000

START Item #2 Who holds interest? Joint

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 None

START Item #1 Who holds interest?

Item #1 Legal name of entity

Item #1 Title held

Item #1 Term of Office

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

START Item #1 Who holds interest? Joint

Item #1 Street address 1378 Pulehuiki Road

Kula, 96790

United States

Item #1 Tax Map Key 2-3-001-058

Item #1 Value K: At least \$1,000,000 or more START Item #2 Who holds interest? Joint

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 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 Clark S Hashimoto