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

FILER						
COX Hele		en		Amelia		
Last Name	Name First N			M.I.		
FOR STATE EMPLOYEES		FOR STATE BOARD/COMMISSION MEMBERS				
University of Hawaii						
Department		Board/Commission Name				
Kauai Community College						
Division		BEGIN END				
Chancellor		Term of Off	fice (mm/dd/yyyy)			
Position						
FOR EACH ITEM, EXCEPT ITEM 9, DISCLOS USE ABBREVIATIONS: "F" for filer, "SP" for spouse,						
ITEM 1: INCOME FOR SERVICE List the source and amount of all income of \$1,000 or more income EARNED FROM YOUR STATE POSITION), and	re received du	ring the precedi	ng calendar year for services			
F,SP, DC,JT NAME OF EMPLOYER / OTHER SOURCE(S) (	NAME OF EMPLOYER / OTHER SOURCE/S) OF INCOME		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 <a href="http://ethics.hawaii.gov">http://ethics.hawaii.gov</a> .						
F,SP, DC,JT NAME OF BUSINESS	NATURE OF B	SUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES		
Check here if entry is None		1.7	Check here if additional			

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					
	ck here if entry is None		Check here if additiona	al 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		
Che	ck here if entry is None		Check here if additiona	al 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 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 NUM KEY NUMBER EXIS		( 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			ME OF STATE AGENCY		
	alabara Wardinala Nama				
[√] Che	ck here if entry is None			eck here if additional she	eets 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
- /-					
✓ Check here if entry is None					
FILER					
Helen Amelia Cox 05/24/2016				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)					

**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 Employee

**Department** University of Hawaii **Division** Kauai Community College State Employee Position Chancellor **State Board or Commission Name** 

**Term of Office Start Term of Office End** 

#### 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 University of Hawaii

Item #1 Compensation received G: At least \$150,000 but less than \$250,000

Item #1 Description of services rendered Chancellor for Kauai Community College

START Item #2 Who holds interest? Spouse

Item #2 Name of Employer/ Other source of income Research Corporation University of Hawaii

Item #2 Compensation received E: At least \$50,000 but less than \$100,000

Item #2 Description of services rendered Director of the Small Business Development Center on Kauai

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

#### 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 Cetera, 200 N Sepulveda Blvd. Suite 1300 El Segundo, CA 90245

Item #1 Nature of business Financial/Investment Services

Item #1 Nature of interest mutual funds, stocks, etc

Item #1 Value of interest K: At least \$1,000,000 or more

Item #1 Number of Shares

START Item #2 Who holds interest?

Item #2 Legal name of business

Item #2 Nature of business

Item #2 Nature 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 Bank of Hawaii

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?

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 Yes, I have items

## START Item #1 Who holds interest? Filer

Item #1 Legal name of entity Kauai Economic Development Board

Item #1 Title held Executive Board Member

Item #1 Term of Office 2010-no end

Item #1 Annual compensation A : Less than \$1,000

START Item #2 Who holds interest? Filer

Item #2 Legal name of entity Kauai Chamber of Commerce

Item #2 Title held Executive Board Member

Item #2 Term of Office 2014-2017

Item #2 Annual compensation A: Less than \$1,000

START Item #3 Who holds interest? Spouse

Item #3 Legal name of entity Kauai Economic Development Board

Item #3 Title held Executive Board Member

Item #3 Term of Office 2011-no end

Item #3 Annual compensation A : Less than \$1,000

START Item #4 Who holds interest? Spouse

Item #4 Legal name of entity Lihue Business Association

Item #4 Title held Board of Directors

Item #4 Term of Office 2011-2017

Item #4 Annual compensation A: Less than \$1,000

START Item #5 Who holds interest? Spouse

Item #5 Legal name of entity Junior Achievement of Kauai

Item #5 Title held Treasurer

Item #5 Term of Office 2015-no end

Item #5 Annual compensation A: Less than \$1,000

#### Category 6: Interests in Real Property Held, excluding Personal Residence(s) Yes, I have items

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

Item #1 Street address 4196 Fortuna Way

Salt Lake City, UT 82124

**United States** 

Item #1 Tax Map Key

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

START Item #2 Who holds interest? Joint

Item #2 Street address Lot 31

Ojibwa, WI 54862-2035

Item #2 Tax Map Key CSM 27/179#7078

Item #2 Value E : At least \$50,000 but less than \$100,000

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 Helen Amelia Cox