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

FILER Shimabukuro-Geiser Last Name	Phy First	' llis Name	Sumik ^{M.I.}
FOR STATE EMPLOYEES Agriculture Department		FOR STATE BOARD/COMM	ISSION MEMBERS
Division Deputy to the Chairperson Position		BEGIN El Term of Office (mm/dd/yyyy)	ND

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
Che	ck here if entry is None	√ C	heck 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
Che	ck here if entry is None	\checkmark	Check here if additional s	heets 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
🖌 Che	eck here if entry is None Check here if ad	ditional 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
Che	ck here if entry is None	Check here if additiona	I 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	L.	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.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
<u> </u>			
Che	ck here if entry is None	✓ Check here if additional s	heets 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
Che	ck 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
Che	ck here if entry is None	Check here	e 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.

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

Phyllis Sumiko Shimabukuro-Geiser

05/26/2016 Date (m/d/yyyy)

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

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 Phyllis Sumiko Shimabukuro-Geiser

Check all that apply. - State Employee

Department Agriculture Division State Employee Position Deputy to the Chairperson 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 Hawaiian Egg Company Item #1 Compensation received B : At least \$1,000 but less than \$10,000 Item #1 Description of services rendered Officer and Director 01/01/2015 to 01/15/2015 START Item #2 Who holds interest? Filer Item #2 Name of Employer/ Other source of income State of Hawaii Item #2 Compensation received F : At least \$100,000 but less than \$150,000 Item #2 Description of services rendered Deputy to the Chairperson 01/16/2015 - 12/31/2015 START Item #3 Who holds interest? Spouse Item #3 Name of Employer/ Other source of income HI Sites Realty, LLC Item #3 Compensation received H : At least \$250,000 but less than \$500,000 Item #3 Description of services rendered Real Estate Broker START Item #4 Who holds interest? Spouse Item #4 Name of Employer/ Other source of income Kiawe One LLC Item #4 Compensation received B : At least \$1,000 but less than \$10,000 Item #4 Description of services rendered Sole Proprietor START Item #5 Who holds interest? Spouse Item #5 Name of Employer/ Other source of income Big Palm Partners, LLC Item #5 Compensation received F : At least \$100,000 but less than \$150,000 Item #5 Description of services rendered Manager

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

START Item #1 Who holds interest? Spouse Item #1 Legal name of business HI Sites Realty, LLC Item #1 Nature of business Real Estate Item #1 Nature of interest Brokerage Item #1 Value of interest B : At least \$1,000 but less than \$10,000 Item #1 Number of Shares 1000.0 START Item #2 Who holds interest? Spouse Item #2 Legal name of business Kiawe One, LLC Item #2 Nature of business Real Estate Item #2 Nature of interest Investing Item #2 Value of interest I : At least \$500,000 but less than \$750,000 Item #2 Number of Shares 1000.0 START Item #3 Who holds interest? Spouse Item #3 Legal name of business Data Site Orlando LP Item #3 Nature of business Date Store Facility Item #3 Nature of interest Stockholder Item #3 Value of interest G : At least \$150,000 but less than \$250,000 Item #3 Number of Shares 0.28 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

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

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 Ownership or beneficial interest transferred during this disclosure period Item #4 Ownership or beneficial interest transferred during this disclosure period 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 Mortgage Item #1 Original amount owed I : At least \$500,000 but less than \$750,000 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 Wells Fargo Bank, N.A. Item #2 Original amount owed F : At least \$100,000 but less than \$150,000 Item #2 Amount outstanding F : At least \$100,000 but less than \$150,000 START Item #3 Who holds interest? Spouse Item #3 Legal name of creditor Wells Fargo Home Mortgage Item #3 Original amount owed G : At least \$150,000 but less than \$250,000 Item #3 Amount outstanding G : At least \$150,000 but less than \$250,000 START Item #4 Who holds interest? Spouse Item #4 Legal name of creditor First Hawaiian Bank Item #4 Original amount owed J : At least \$750,000 but less than \$1,000,000 Item #4 Amount outstanding I : At least \$500,000 but less than \$750,000 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 Mikilua Pooultry Farm Inc. Profit Sharing Plan Item #1 Title held Plan Administrator Item #1 Term of Office 01/01/2015 to 01/15/2015 Item #1 Annual compensation A : Less than \$1,000 START Item #2 Who holds interest? Filer Item #2 Legal name of entity Hawaiian Egg Company Item #2 Title held President and Director Item #2 Term of Office 01/01/2015 to 01/15/2015 Item #2 Annual compensation B : At least \$1,000 but less than \$10,000 START Item #3 Who holds interest? Spouse Item #3 Legal name of entity York Rite Bodies Item #3 Title held Trustee Item #3 Term of Office 01/01/2014 to 01/01/2017 Item #3 Annual compensation A : Less than \$1,000 START Item #4 Who holds interest? Spouse Item #4 Legal name of entity Honolulu Lodge of Free and Accepted Masons Item #4 Title held Trustee Item #4 Term of Office 01/01/2015 to 01/01/2018 Item #4 Annual compensation A : Less than \$1,000 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

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

START Item #1 Who holds interest? Spouse Item #1 Street address 2281 Ala Wai Blvd. #803 Honolulu, Hawaii 96815 United States Item #1 Tax Map Key 1-2-6-021-084-0037 Item #1 Value H : At least \$250,000 but less than \$500,000 START Item #2 Who holds interest? Spouse Item #2 Street address 1314 S. King Street #756 Honolulu, Hawaii 96814 United States Item #2 Tax Map Key 1-2-4-004-004-0148 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) Yes, I have items

START Item #1 Who holds interest? Spouse **Item #1 Street address** 11-165 Hanaloa Street Ewa Beach, Hawaii 96706

Item #1 Tax Map Key 1-9-1-041-066-0000 Item #1 Amount of consideration paid E : At least \$50,000 but less than \$100,000 Item #1 Nature of consideration paid Cash Item #1 Legal name of person or entity receiving the consideration Leland Look, Commissioner 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) Yes, I have items

START Item #1 Who holds interest? Spouse Item #1 Street address 11-165 Hanaloa Street Ewa Beach, Hawaii 96706 United States Item #1 Tax Map Key 1-9-1-041-066-0000 Item #1 Amount of consideration received F : At least \$100,000 but less than \$150,000 Item #1 Nature of consideration received Cash Item #1 Legal name of person or entity furnishing the consideration Eric Goo 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 Yes, I have items

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 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 Phyllis Sumiko Shimabukuro-Geiser