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

FILER						
Pulmano Leil		ani		Reyes		
Last Nan	t Name First Name		Name	M.I.		
FOR ST	ATE EMPLOYEES		FOR STAT	E BOARD/COMMISS	ION MEMBERS	
Department Division			Hawaii Housing Finance and Develop Board/Commission Name 07/01/2011 06/30/2020 BEGIN END			
Position			Term of Office (mm/dd/yyyy)			
	OR EACH ITEM, EXCEPT ITEM 9, DI ABBREVIATIONS: "F" for filer, "SP" for s					
	ITEM 1: INCOME FOR S urce and amount of all income of \$1,000 EARNED FROM YOUR STATE POSITION	or more received du	ring the precedi			
F,SP, DC,JT			AMOUNT	SERVICES RENDERED		
Che	eck here if entry is None		<u> </u>	Check here if additiona	al sheets are attached	
State if the LIST ALL	nount and identity of every ownership or e interest has a value of \$5,000 or more STOCKS, MUTUAL FUNDS OR OTHER	beneficial interest hel or is equal to 10% or R NON-RETIREMENT	d during the dis more of the owr	nership of the business. YOU	J ARE REQUIRED TO	
F,SP,	e instructions available at <a href="http://ethics.ha">http://ethics.ha</a>	awaii.gov.			VALUE OR NO.	
DC,JT	NAME OF BUSINESS	NATURE OF B	SUSINESS	NATURE OF INTEREST	OF SHARES	
√ Che	eck here if entry is None			Check here if additiona	I 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					
	ck here if entry is None		Check here if additiona	al sheets are attached		
List the nar	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installmen	ITEM 4: CREDITORS 000 or more was owed during to transactions for the purchas	the disclosure period and the e of consumer goods.	original amount and		
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						
	officership, directorship, trusteeship, or other to the term of office, and the annual compens		ng the disclosure period in an	y business or		
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.

proporty un	ario year percenar reciaence er are percenar reciaence er	, our opouco or doportuoni orinare	on not be noted.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	( MAP VALUE
√ Che	ck here if entry is None	Check here	if additional sheets are attached
List interes Real prope	ITEM 7: INTERESTS IN REAL PROPERTY ACQ ts in real property in or outside of the State acquired during rty that is your personal residence or the personal residence	the disclosure period, 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 & 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 TRANS ts in real property in or outside of the State transferred duri rty that was your personal residence or the personal residence.	ng the disclosure period, if the in	terest 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 & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
√ Che	ck 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		ME OF STATE AGENCY			
Check here if entry is None		√ Che	ck here if a	dditional she	eets are attached
ITEM 10: CREDITOR II	NTE	RESTS IN INSOLVENT BU	JSINESSES		
List the amount and identity of every creditor interest in inso	lvent	businesses, held during the	disclosure pe	riod, if the inte	rest has a value of
\$5,000 or more.			1		T
F,SP,		NATURE OF BURINESS	NATURE OF	LINTEDECT	VALUE
DC,JT NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF	FINTEREST	VALUE
Check here if entry is None Check here if additional sheets are att			ets are attached		
FILER					
Leilani Reyes Pulmano		05/31/2016			
Type Name of Filer (First, M.I., Last)(Signature required	on th	is line if you are filing a sens	or form)	Date (m/d	(1000)

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 Hawaii Housing Finance and Development Corporation

Term of Office Start Jul 01, 2011

Term of Office End Jun 30, 2020

#### 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 Tetra Tech, Inc.

Item #1 Compensation received F: At least \$100,000 but less than \$150,000

Item #1 Description of services rendered Senior Project Manager

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

#### Category 2: Ownership or Beneficial Interests in Businesses None

### START Item #1 Who holds interest?

Item #1 Legal name of business

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value of interest

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** 

#### 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 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? Filer

Item #1 Legal name of creditor Wells Fargo

Item #1 Original amount owed I : At least \$500,000 but less than \$750,000

Item #1 Amount outstanding I: At least \$500,000 but less than \$750,000

START Item #2 Who holds interest? Filer

Item #2 Legal name of creditor Maui Federal Credit Union

Item #2 Original amount owed C: At least \$10,000 but less than \$25,000

Item #2 Amount outstanding C : At least \$10,000 but less than \$25,000

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

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

## START Item #1 Who holds interest? Filer

Item #1 Legal name of entity Ka Ipu Kukui

Item #1 Title held Boardmember

Item #1 Term of Office 2015 - no end date

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?

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

#### 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 Yes, I have items

START Item #1 Legal name of client Hawaii Wind Holdings, Inc.

Item #1 Name of State Agency Department of Land and Natural Resources

START Item #2 Legal name of client Hawaiki Submarine Cable

Item #2 Name of State Agency Department of Transportation

START Item #3 Legal name of client Hawaiki Submarine Cable

Item #3 Name of State Agency Department of Land and Natural Resources

START Item #4 Legal name of client Hawaiki Submarine Cable

Item #4 Name of State Agency Department of Health

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 Filerabove 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 Leilani Reyes Pulmano