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

FILER							
Cabral Nano			CV		S		
Last Nan	ne	First N			M.I.		
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS				
			Land Us	se Commission	ı		
Department			Board/Com				
			08/01/20	06/30/2017			
Division			BEGIN END				
			Term of Office (mm/dd/yyyy)				
Position							
	DR EACH ITEM, EXCEPT ITEM 9, DISCL						
USE	ABBREVIATIONS: "F" for filer, "SP" for spous			•	·		
	ITEM 1: INCOME FOR SERV urce and amount of all income of \$1,000 or mEARNED FROM YOUR STATE POSITION), a	nore received dur	ing the preced	ing calendar year for se	· · <del>-</del> · · · ·		
F,SP, DC,JT NAME OF EMPLOYER / OTHER SOURCE(S) OF INCOME			AMOUNT	SERVICES REND	ES RENDERED		
			<u> </u>				
Che	eck here if entry is None		✓	Check here if add	litional sheets are attached		
12.44	ITEM 2: OWNERSHIP						
	nount and identity of every ownership or bene e interest has a value of \$5,000 or more or is						
LIST ALL	STOCKS, MUTUAL FUNDS OR OTHER NOI	N-RETIREMENT					
	e instructions available at <a href="http://ethics.hawaii.">http://ethics.hawaii.</a>	gov.		T			
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	USINESS	NATURE OF INTERES	VALUE OR NO. ST OF SHARES		
20,01	TV WILL OF BOOMEOU	TWATORE OF BA	00111200	TWITCHE OF HATERE	01 01 01 01 01 01 01 01 01 01 01 01 01 0		
Che	eck here if entry is None	•	<b>√</b>	Check here if add	litional 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.

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		NAI	ME OF STATE AGENCY				
✓ Che	ck here if entry is None		Che	eck here if additiona	al she	eets are attached	
List the am \$5,000 or r	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 INTERE	EST	VALUE	
✓ Check here if entry is None     Check here if additional sheets are attached							
FILER	FILER						
Nancy S Cabral 05/31/2016				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 Board/Commission Member

#### Department

**Division** 

**State Employee Position** 

State Board or Commission Name Land Use Commission

Term of Office Start Aug 01, 2015

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 Day-Lum Rentals & Management, Inc.

Item #1 Compensation received E: At least \$50,000 but less than \$100,000

Item #1 Description of services rendered Management Consultant

Independent Contractor and consultant for real estate property management firm. Assist with overseeing residential property management, commercial property management, subdivision and condominium property management and HUD housing management.

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

Item #2 Name of Employer/ Other source of income Nancy & Alvin Cabral

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

Item #2 Description of services rendered Income form residential and commercial investment and rental properties.

START Item #3 Who holds interest? Spouse

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

Item #3 Compensation received D: At least \$25,000 but less than \$50,000

Item #3 Description of services rendered Retirement from Hawaii Electric Industries and from Social Security

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? Filer

Item #1 Legal name of business Day-Lum, Inc.

Item #1 Nature of business Real Estate Co, that owns Day-Lum Rentals & Management, Inc. and Day-Lum Properties, Inc.

Item #1 Nature of interest President

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

**Item #1 Number of Shares** 100.0

START Item #2 Who holds interest?

Item #2 Legal name of business

Item #2 Nature of husiness

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? Joint

Item #1 Legal name of creditor First Hawaiian Bank

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?

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 H.C. Shipman Foundation

Item #1 Title held President

Item #1 Term of Office 1 year

Item #1 Annual compensation

START Item #2 Who holds interest? Filer

Item #2 Legal name of entity Day-Lum, Inc.

Item #2 Title held President

Item #2 Term of Office 1 year

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

START Item #3 Who holds interest? Filer

Item #3 Legal name of entity Ku'ikahi Mediation Center

Item #3 Title held Director

Item #3 Term of Office 1 year

Item #3 Annual compensation

START Item #4 Who holds interest? Filer

Item #4 Legal name of entity Hawai'i Community Foundation

Item #4 Title held Hawai'i Island Leadership Council

Item #4 Term of Office 1 year

**Item #4 Annual compensation** 

START Item #5 Who holds interest? Spouse

Item #5 Legal name of entity Hawai'i Horse Owners, Inc.

Item #5 Title held President

Item #5 Term of Office 1 Year

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? Filer

Item #1 Street address 464 Kalanikoa St. #201 & #301

Hilo, HI 96720

United States

Item #1 Tax Map Key 3/2-2-35-26-9 & 17

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

START Item #2 Who holds interest? Filer

Item #2 Street address 54214 WallaWalla River Rd

Milton FreeWater , OR 97862

**United States** 

Item #2 Tax Map Key

Item #2 Value F : At least \$100,000 but less than \$150,000

START Item #3 Who holds interest? Filer

Item #3 Street address 5243 Sunquist Rd.

Milton FreeWater, OR 97862

**United States** 

Item #3 Tax Map Key

Item #3 Value F: At least \$100,000 but less than \$150,000

START Item #4 Who holds interest? Joint

Item #4 Street address 122 E. Palai St.

Hilo, HI 96720

United States

Item #4 Tax Map Key 3/2-2-46-5

Item #4 Value G: At least \$150,000 but less than \$250,000

START Item #5 Who holds interest? Joint

Item #5 Street address 951138 Niu St.

Na'alehu, HI 96772

United States

Item #5 Tax Map Key 3/9-5-9-41

Item #5 Value F: At least \$100,000 but less than \$150,000

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** ~\$ncy & Al Real Estate owned.docx

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 Nancy S Cabral