HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

| Ishibashi | Wallace | А |
|---------------------|------------------------------------|------------------|
| Last Name | First Name | M.I. |
| FOR STATE EMPLOYEES | FOR STATE BOARD/CO | MMISSION MEMBERS |
| | Hawaiian Homes Co | ommission |
| Department | Board/Commission Name | |
| | 06/01/2013 | 06/01/2017 |
| Division | BEGIN Term of Office (mm/dd/yyy | END y) |
| Position | | |

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 |
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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 |
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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 |
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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 |
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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 |
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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 |
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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 |
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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 |
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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 |
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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 |
|----------------|--------------------------|--------------------|---------------------------|-------------------|
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FILER

Wallace A Ishibashi

06/01/2016 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 Wallace A Ishibashi

Check all that apply. - State Board/Commission Member

Department Division State Employee Position State Board or Commission Name Hawaiian Homes Commission Term of Office Start Jun 01, 2013 Term of Office End Jun 01, 2017

Category 1: Income for services rendered for preceding calendar year Yes, I have items

START Item #1 Who holds interest? Spouse Item #1 Name of Employer/ Other source of income UH Hilo OMKM Item #1 Compensation received E : At least \$50,000 but less than \$100,000 Item #1 Description of services rendered Management of Maunakea START Item #2 Who holds interest? Spouse Item #2 Name of Employer/ Other source of income ILWU Pension Item #2 Compensation received C : At least \$10,000 but less than \$25,000 Item #2 Description of services rendered pension benefits 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 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? Spouse Item #1 Legal name of creditor Bank of Hawaii Item #1 Original amount owed E : At least \$50,000 but less than \$100,000 Item #1 Amount outstanding E : At least \$50,000 but less than \$100,000 START Item #2 Who holds interest? Spouse Item #2 Legal name of creditor amazon credit card Item #2 Original amount owed C : At least \$10,000 but less than \$25,000 Item #2 Amount outstanding B : At least \$1,000 but less than \$10,000 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 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

Category 6: Interests in Real Property Held, excluding Personal Residence(s) None

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 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

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 Wallace A Ishibashi