HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

| FILER | | | | | |
|--|--|-----------------------|----------------------------------|---------------------|--|
| Enright | Scot | tt | | Edwar | |
| Last Name | First N | Name | | M.I. | |
| FOR STATE EMPLOYEES | R STATE EMPLOYEES FOR S | | ATE BOARD/COMMISSION MEMBERS | | |
| Agriculture | | | | | |
| | | Board/Commission Name | | | |
| Office of the Chairperson | | | | | |
| Division | | BEGIN END | | | |
| Chairperson | | Term of Off | ffice (mm/dd/yyyy) | | |
| Position | | | | | |
| | TITEM 9, DISCLOSE INTEREST ler, "SP" for spouse, "DC" for deper | | | | |
| ITEM 1: INCO List the source and amount of all inco INCOME EARNED FROM YOUR STA | | ing the precedi | ng calendar year for services re | endered (INCLUDING | |
| F,SP, DC,JT NAME OF EMPLOYER / O | | | SERVICES RENDERED | | |
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| Check here if entry is None | | | Check here if additional s | sheets are attached | |
| ITEM | 2: OWNERSHIP OR BENEFICI | IAL INTERES | TS IN BUSINESSES | | |
| List the amount and identity of every of State if the interest has a value of \$5,0 LIST ALL STOCKS, MUTUAL FUNDS Please see instructions available at | | | | | |

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.

| List arry ov | Wherethe of beneficial interests in businesses | transierrea dannig trie disolot | Juic P | seriod and the date of train | |
|---|--|--|----------------|----------------------------------|------------------------|
| F,SP, DC,JT | OWNERSHIP OR BENEFICIAL INTEREST T | DATE OF TRANSFER | | | |
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| √ Che | eck here if entry is None | | | Check here if additiona | I sheets are attached |
| List the na amount ou | me of each creditor to whom the value of \$3, utstanding. Exclude debts from retail installme | ITEM 4: CREDITORS ,000 or more was owed during ent transactions for the purcha | g the ase o | disclosure period and the d | original amount and |
| F,SP, DC,JT | NAME OF CREDITOR | | | ORIGINAL AMOUNT OWED | AMOUNT OUTSTANDING |
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| √ Che | eck here if entry is None | | | Legion 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 | TE | ERM 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.

| proporty un | arie yeur percenai reciaence er and percenai reciaence er | your opouce or deportable or mark | on not be noted. | | | |
|---|---|--|--|--|--|--|
| F,SP, DC,JT | STREET ADDRESS | TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS) | (MAP VALUE | | | |
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| √ Che | ck here if entry is None | Check here if additional sheets are attached | | | | |
| | ITEM 7: INTERESTS IN REAL PROPERTY ACQ | | | | | |
| List interes Real prope | ts in real property in or outside of the State acquired during rty that is your personal residence or the personal residence | g the disclosure period, if the inte ce of your spouse or dependent o | rest has a value of \$10,000 or more. 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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| √ 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 | | | |
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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 I | NTE | RESTS IN INSOLVE | NT BU | JSINESSES | |
| \$5,000 or r | ount and identity of every creditor interest in inso nore. | ivent | businesses, held durir | ng the (| disclosure period, if the inte | rest has a value of |
| F,SP, DC,JT | NAME OF BUSINESS | | NATURE OF BUSINE | ESS | NATURE OF INTEREST | VALUE |
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| Check here if entry is None Check here if additional sheets are attached | | | | | | |
| FILER | | | | | | |
| Scott Edward Enright 11/18/2016 | | | | 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 Agriculture

Division Office of the Chairperson

State Employee Position 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 State of Hawaii

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

Item #1 Description of services rendered Serving as the Chairperson for the Hawaii Department of Agriculture

START Item #2 Who holds interest? Spouse

Item #2 Name of Employer/ Other source of income Susan Tara Enright

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

Item #2 Description of services rendered Employee of the University of Hawaii at Hilo

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

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 None

START Item #1 Who holds interest?

Item #1 Legal name of creditor

Item #1 Original amount owed

Item #1 Amount outstanding

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 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

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

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

START I Tem #5 Legal name of Ch

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 Scott Edward Enright