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

FILER	oko Hiroto	Jodi	•		F		
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FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS				
	Safety						
Department			Board/Commission Name				
Corrections			BEGIN END				
Division			Term of Office (mm/dd/yyyy)				
Deputy Director for Corrections							
Position							
	R EACH ITEM, EXCEPT ITEM 9, DISCLO ABBREVIATIONS: "F" for filer, "SP" for spouse						
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	SERVICES RENDERED		
Cha	al- have if autoria Nama			7 Charle have it additional			
✓ Che	ck here if entry is None			Check here if additional	sneets 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 <a href="http://ethics.hawaii.gov">http://ethics.hawaii.gov</a> .							
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	USINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES		
Che	ck here if entry is None	<u> </u>	<b>√</b>	Check here if additional	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	Γ	Check here if additiona	I sheets are attached		
		ITEM 4: CREDITORS				
List the nar	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installmen	000 or more was owed during	the disclosure period and the disc of consumer goods.	original amount and		
F,SP, DC,JT	NAME OF CREDITOR	·	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING		
Cho	ck here if entry is None	Г	Check here if additiona	Loboata are attached		
Cile		را		i sneets 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	Γ	Check here if additiona	I 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 th	at is your personal residence or the personal residence of	your spouse or dependent childre	en need not be listed.			
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			
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	Check 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			
✓ Check 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		NAI	ME OF STATE AGENCY		
Che	ck here if entry is None		Che	eck here if additional she	eets are attached
V One		NITE			ets 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					
Jodie F Maesaka-Hirata 01/25/2016				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** Public Safety **Division** Corrections

State Employee Position Deputy Director for Corrections

State Board or Commission Name

**Term of Office Start Term of Office End** 

#### Category 1: Income for services rendered for preceding calendar year None

START Item #1 Who holds interest?

Item #1 Name of Employer/ Other source of income

Item #1 Compensation received

Item #1 Description of services rendered

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 Yes, I have items

START Item #1 Who holds interest? Joint

Item #1 Legal name of business JoguyHawaii

Item #1 Nature of business Real Property Rentals

Item #1 Nature of interest Rentals

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

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 Yes, I have items

START Item #1 Who holds interest? Joint

Item #1 Legal name of creditor Territorial Savings Bank

Item #1 Original amount owed H: At least \$250,000 but less than \$500,000

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 USBank

Item #2 Original amount owed I: At least \$500,000 but less than \$750,000

Item #2 Amount outstanding I: At least \$500,000 but less than \$750,000

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

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) Yes, I have items

#### START Item #1 Who holds interest? Joint

Item #1 Street address 95-227 Halepule Place. Apt 37

Mililani, Hawaii 96789

**United States** 

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 Jodie F Maesaka-Hirata