

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

| | | |
|--------------|------------|------|
| FILER | | |
| Saiki | Scott | K |
| Last Name | First Name | M.I. |

| | |
|---|--|
| FOR STATE EMPLOYEES Legislature Department House of Representatives Division State Representative Position | FOR STATE BOARD/COMMISSION MEMBERS Board/Commission Name BEGIN END <i>Term of Office (mm/dd/yyyy)</i> |
|---|--|

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 |
|------------------|--|--------|-------------------|
| | | | |

Check here if entry is None
 Check here if additional sheets 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 <http://ethics.hawaii.gov>.

| F, SP, DC, JT | NAME OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE OR NO. OF SHARES |
|------------------|------------------|--------------------|--------------------|------------------------|
| | | | | |

Check here if entry is None
 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 | DATE OF TRANSFER |
|----------------|--|---------------------|
| | | |

Check here if entry is None
 Check here if additional sheets are attached

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 |
|----------------|------------------|-------------------------|-----------------------|
| | | | |

Check here if entry is None
 Check here if additional 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 | TERM OF OFFICE | ANNUAL COMPENSATION |
|----------------|------------------|------------|----------------|------------------------|
| | | | | |

Check here if entry is None
 Check here if additional 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.

| F,SP, DC,JT | STREET ADDRESS | TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | VALUE |
|----------------|----------------|--|-------|
| | | | |

Check 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 |
|----------------|---|--|---|
| | | | |

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 | NAME OF STATE AGENCY |
|--|----------------------|
| | |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets 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 |
|--|------------------|--------------------|--------------------|-------|
| | | | | |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached | | | | |

FILER

Scott K Saiki

01/31/2016

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.

Filer Name Scott K Saiki

Check all that apply. - State Employee

Department Legislature
Division House of Representatives
State Employee Position State Representative
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 Legislature
Item #1 Compensation received E : At least \$50,000 but less than \$100,000
Item #1 Description of services rendered Legislature
START Item #2 Who holds interest? Filer
Item #2 Name of Employer/ Other source of income Galiher DeRobertis Ono
Item #2 Compensation received C : At least \$10,000 but less than \$25,000
Item #2 Description of services rendered Legal Services
START Item #3 Who holds interest? Filer
Item #3 Name of Employer/ Other source of income Saiki LLLC
Item #3 Compensation received E : At least \$50,000 but less than \$100,000
Item #3 Description of services rendered Legal Services
START Item #4 Who holds interest? Spouse
Item #4 Name of Employer/ Other source of income First American Title
Item #4 Compensation received H : At least \$250,000 but less than \$500,000
Item #4 Description of services rendered Title and Escrow
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 Saiki Law LLLC
Item #1 Nature of business Legal Services
Item #1 Nature of interest Ownership
Item #1 Value of interest
Item #1 Number of Shares
START Item #2 Who holds interest? Joint
Item #2 Legal name of business Emi LLC
Item #2 Nature of business Real Estate
Item #2 Nature of interest Real Estate
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 Central Pacific Bank

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?

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 State Legislative Leaders Foundation

Item #1 Title held Director

Item #1 Term of Office 2015-2017

Item #1 Annual compensation

START Item #2 Who holds interest? Filer

Item #2 Legal name of entity National Conference of State Legislatures

Item #2 Title held Member, Executive Committee

Item #2 Term of Office 2015-2017

Item #2 Annual compensation

START Item #3 Who holds interest? Spouse

Item #3 Legal name of entity Patsy Mink PAC

Item #3 Title held President

Item #3 Term of Office 2016

Item #3 Annual compensation

START Item #4 Who holds interest? Spouse

Item #4 Legal name of entity Mortgage Bankers Association

Item #4 Title held Secretary

Item #4 Term of Office 2016-2017

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? Joint
Item #1 Street address

United States

Item #1 Tax Map Key

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

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 45-545 Pakualua Pl

Kaneohe, HI 96744

United States

Item #1 Tax Map Key 4-5-087-002-0000

Item #1 Amount of consideration paid 1 : At least \$500,000 but less than \$750,000

Item #1 Nature of consideration paid Real Property

Item #1 Legal name of person or entity receiving the consideration Estate of George Yamamoto

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

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 K Saiki