HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER						
Ing Mai			k		Kaniel	
Last Nan	5		Name		M.I.	
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS			
Legislature			10110171			
Department			Board/Commission Name			
•	of Representatives					
Division			BEGIN END			
Repre	sentative		Term of Office (mm/dd/yyyy)			
Position	•					
	DR EACH ITEM, EXCEPT ITEM 9, DISCLO ABBREVIATIONS: "F" for filer, "SP" for spous					
	ITEM 1: INCOME FOR SERV urce and amount of all income of \$1,000 or m EARNED FROM YOUR STATE POSITION), a	ore received dur	ring the preced	ing calendar year for services re		
F,SP, DC,JT			AMOUNT	SERVICES RENDERED		
Í		,				
Che	ck here if entry is None		→	Check here if additional s	sheets are attached	
	ITEM 2: OWNERSHIF	OR BENEFIC	IAL INTERES	TS IN BUSINESSES		
State if the LIST ALL S	nount and identity of every ownership or bene interest has a value of \$5,000 or more or is of STOCKS, MUTUAL FUNDS OR OTHER NOT instructions available at http://ethics.hawaii.	ficial interest hele equal to 10% or i N-RETIREMENT	d during the dis	sclosure period in any business nership of the business. YOU A	RE REQUIRED TO	
F,SP,	- Instruction at all and a state of the stat				VALUE OR NO.	
DC,JT	NAME OF BUSINESS	NATURE OF B	USINESS	NATURE OF INTEREST	OF SHARES	
✓ Check here if entry is None			Г	Check here if additional s	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 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		
√ 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		
√ 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		
√ Che	ck 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			
Check here if	entry is None		Che	eck here if additional she	eets 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 OI	F BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
✓ Check here if entry is None					
FILER					
Mark K Ing 02/01/2016					
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 Legislature

Division House of Representatives

State Employee Position 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 State of Hawaii

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

Item #1 Description of services rendered Salary

START Item #2 Who holds interest? Filer

Item #2 Name of Employer/ Other source of income State of Hawaii

Item #2 Compensation received C: At least \$10,000 but less than \$25,000

Item #2 Description of services rendered Per Diem

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 Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Legal name of creditor FedLoans Servicing

Item #1 Original amount owed E : At least \$50,000 but less than \$100,000

Item #1 Amount outstanding D : At least \$25,000 but less than \$50,000

START Item #2 Who holds interest? Filer

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 Mark K Ing