HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER							
Pavao Milt			on			D	
Last Nan	ne	First N	Name				M.I.
FOR ST	ATE EMPLOYEES		FOR STA	TE B	OARD/COM	MISSIO	N MEMBERS
Department Division			Commission on Water Resonant R			J	
Position			Term of Office (mm/dd/yyyy)				
	OR EACH ITEM, EXCEPT ITEM 9, DISC ABBREVIATIONS: "F" for filer, "SP" for spo						
List the so	ITEM 1: INCOME FOR SEF urce and amount of all income of \$1,000 or EARNED FROM YOUR STATE POSITION	RVICES RENDER r more received dur	ED FOR PRE	CED	ING CALENDA	R YEAR	·
F,SP, DC,JT			AMOUNT		SERVICES RENDERED		
✓ Check here if entry is None				Ch	eck here if add	litional s	heets are attached
	ITEM 2: OWNERSH	HIP OR BENEFIC	IAL INTERES	STS IN	N BUSINESSES	.	
State if the LIST ALL	nount and identity of every ownership or be einterest has a value of \$5,000 or more or STOCKS, MUTUAL FUNDS OR OTHER N e instructions available at http://ethics.hawa	eneficial interest heli is equal to 10% or i ION-RETIREMENT	d during the di more of the ow	sclosu nersh	ure period in any lip of the busines	business s. YOU A	RE REQUIRED TO
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	USINESS	NA ⁻	TURE OF INTERE	:ST	VALUE OR NO. OF SHARES
✓ Check here if entry is None				Ch	eck here if add	litional s	heets 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					
✓ Che	ck here if entry is None		Check here if additional sheets are attached			
		ITEM 4: CREDITORS				
List the na amount ou	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installme	000 or more was owed during nt transactions for the purchas	the disclosure period and the see of consumer goods.	original amount and		
F,SP,	-		ORIGINAL AMOUNT	AMOUNT		
DC,JT	NAME OF CREDITOR		OWED	OUTSTANDING		
	als have if automic Name	Г	Check here if additiona	 		
Che	ck here if entry is None		_	ii sneets are attached		
List every	ITEM 5: OFFICER officership, directorship, trusteeship, or other	RSHIPS, DIRECTORSHIPS,	TRUSTEESHIPS	v husiness or		
organizatio	on, the term of office, and the annual compen	sation.	ing the disclosure period in an	y business of		
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION		
DC,31	INAIVIE OF BOSINESS	I III LE IILLO	TERM OF OFFICE	COMPLINGATION		
Che	ck here if entry is None		Check here if additiona	l shoots 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	ario year percenar reciaence er are percenar reciaence er	, our opouco or doportuoni orimare	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				
List interes Real prope	ITEM 7: INTERESTS IN REAL PROPERTY ACQ ts in real property in or outside of the State acquired during rty that is your personal residence or the personal residence	the disclosure period, if the inter	rest has a value of \$10,000 or more.			
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						
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred duri rty that was your personal residence or the personal residence.	ng the disclosure period, if the in	terest has a value of \$10,000 or more.			
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		NAI	ME OF STATE AGENCY			
√ Che	ck here if entry is None		Che	ck here if additional she	ets are attached	
			RESTS IN INSOLVENT BU			
List the am \$5,000 or r	nount and identity of every creditor interest in inscrease	lvent	businesses, held during the	disclosure period, if the inte	rest has a value of	
1	nore.		<u> </u>			
F,SP, DC,JT	NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE	
Cha	al have if entry in Name		Cha	els have if additional abo		
✓ Check here if entry is None Check here if additional sheets are attached						
FILER						
Milton D Pavao			05/06/2016			
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 Board/Commission Member

Department

Division

State Employee Position

State Board or Commission Name Commission on Water Resources Management

Term of Office Start Jul 30, 2013

Term of Office End Jun 30, 2017

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 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 Hawaii County Employees FCU

Item #1 Original amount owed D : At least \$25,000 but less than \$50,000

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

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 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

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 Milton D Pavao