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

FILER							
Mizuno Bar			ry			T.	
Last Nan	ne	First Name				M.I.	
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS				
Department Division			University of Hawaii Board of Board/Commission Name  08/25/2011 06/30/3			_	
			Term of Office (mm/dd/yyyy)				
Position							
	OR EACH ITEM, EXCEPT ITEM 9, DISCLABBREVIATIONS: "F" for filer, "SP" for spou						
List the sou	ITEM 1: INCOME FOR SERV urce and amount of all income of \$1,000 or it. ARNED FROM YOUR STATE POSITION),	VICES RENDER more received dur	ED FOR PRI	ECE	DING CALENDAR YEAR calendar year for services r		
F,SP, DC,JT			AMOUNT		SERVICES RENDERED		
✓ Che	ck here if entry is None			_ c	check here if additional	sheets are attached	
State if the LIST ALL S	ITEM 2: OWNERSHI nount and identity of every ownership or ben interest has a value of \$5,000 or more or is STOCKS, MUTUAL FUNDS OR OTHER NO a instructions available at <a href="http://ethics.hawaii">http://ethics.hawaii</a>	eficial interest helesequal to 10% or a DN-RETIREMENT	d during the d more of the ov	isclo: vners	sure period in any business ship of the business. YOU A	ARE REQUIRED TO	
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	USINESS	N.	ATURE OF INTEREST	VALUE OR NO. OF SHARES	
				<u> </u>			
✓ Check here if entry is None				C	heck 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		Check here if additiona	al 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							
	officership, directorship, trusteeship, or other to the term of office, and the annual compens		ng the disclosure period in an	y business or			
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION			
Che	ck here if entry is None		Check here if additiona	al 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.

property tri	at is your personal residence of the personal residence of	your spouse or depe	ndent ciliure	in need not be it	316G.	
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUM KEY NUMBER EXIS		( MAP	VALUE	
Che	ck here if entry is None				heets 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 & NATUR CONSIDERATION F		NAME OF PER THE CONSIDE	SON RECEIVING RATION	
·	·					
✓ Che	ck here if entry is None		Check here	if additional s	sheets are attached	
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred dur try that was your personal residence or the personal residence.	ing the disclosure pe	riod, if the in	terest has a valu	ue of \$10,000 or more.	
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATUR CONSIDERATION F		NAME OF PER THE CONSIDE	SON FURNISHING RATION	
√ Che	ck here if entry is None		Check here	if additional s	heets 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
		NTF			
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					
Barry	Barry T. Mizuno 05/17/2016				
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 University of Hawaii Board of Regents

Term of Office Start Aug 25, 2011

Term of Office End Jun 30, 2018

# 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? Joint

Item #1 Legal name of creditor Bank of Hawaii

Item #1 Original amount owed F: At least \$100,000 but less than \$150,000

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

START Item #2 Who holds interest? Joint

Item #2 Legal name of creditor Hawaii Central FCU

Item #2 Original amount owed D: At least \$25,000 but less than \$50,000

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

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 Yes, I have items

# START Item #1 Who holds interest? Filer

Item #1 Legal name of entity W. H. Shipman, Ltd.

Item #1 Title held Vice President and Director

Item #1 Term of Office Annual appointment

Item #1 Annual compensation B : At least \$1,000 but less than \$10,000

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? Joint

Item #1 Street address 415 South St., Makai 603

Honolulu, Hawaii 96813

United States

Item #1 Tax Map Key 210540220176

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

START Item #2 Who holds interest? Joint

Item #2 Street address 1720 Poki St.

Honolulu, Hawaii 96822

**United States** 

Item #2 Tax Map Key 240230280004

Item #2 Value H: At least \$250,000 but less than \$500,000

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

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 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 Barry T. Mizuno