HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER			_		_		
		Mari		E			
Last Name First		First N	Name		M.I.		
FOR ST	ATE EMPLOYEES		FOR STA	TE BOARD/COMMISS	SION MEMBERS		
Taxati	on						
Departme	ent		Board/Com	nmission Name			
Division	(BEGIN END Term of Office (mm/dd/yyyy)				
	or of Taxation			(
Position							
	OR EACH ITEM, EXCEPT ITEM 9, DISCLO ABBREVIATIONS: "F" for filer, "SP" for spous						
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 RENDERE	/ICES RENDERED		
20,01	TO MILE OF EIGH EOTER, OTHER OCONOCIO	, or mooning	7111100111	OLIVIOLO KLINDLIKLI	<u></u>		
				<u> </u>			
Che	ck here if entry is None			Check here if additiona	al 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 B	LISINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES		
20,01	31 2301123	I TOTAL OF B		TENORE OF MITEREOF	0. 0		
				_			
✓ Check here if entry is None				Check here if additions	al 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				
✓ 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 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			
√ Che	ck here if entry is None	1	Che	eck here if additional she	eets are attached
ITEM 10: CREDITOR INTER					
List the am \$5,000 or r	nount and identity of every creditor interest in insomore.	lvent	businesses, held during the	disclosure period, if the inte	erest has a value of
F,SP, DC,JT	NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
✓ Che	ck here if entry is None		Che	ck here if additional she	eets are attached
FILER					
Maria E Zielinski 05/17/2016				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 Taxation

Division

State Employee Position Director of Taxation

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 F : At least \$100,000 but less than \$150,000

Item #1 Description of services rendered Oversight and management of Department of Taxation

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 Central Pacific Bank

Item #1 Original amount owed J : At least \$750,000 but less than \$1,000,000

Item #1 Amount outstanding J: At least \$750,000 but less than \$1,000,000

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 Filerabove 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 Maria E Zielinski