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# HAWAII STATE ETHICS COMMISSION CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

STATE OF HAWAII  
STATE ETHICS COMMISSION

## FILER

Last Name Nakamura First Name Nadine M.I. K

## OFFICE TO WHICH YOU SEEK ELECTION

- Governor
- Lieutenant Governor
- Senate, District No. \_\_\_\_\_
- House of Representatives, District No. 14
- Office of Hawaiian Affairs, Island \_\_\_\_\_

### 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 (1/1/2015 – 12/31/2015) for services rendered (INCLUDING INCOME EARNED FROM ANY STATE OR OTHER GOVERNMENT AGENCY), and the nature of the services rendered.

NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
<u>County of Kauai</u>	<u>\$110,000</u>	<u>employed as Managing Director</u>

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 (1/1/2015 to the date of filing this form) 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 for this form.

BUSINESS NAME AND ADDRESS	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 (1/1/2015 to the date of filing this form) and the date of transfer.

OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 (1/1/2015 to the date of filing this form) and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
<input type="checkbox"/> Check here if entry is None <input checked="" type="checkbox"/> 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 (1/1/2015 to the date of filing this form) in any business or organization, the term of office, and the annual compensation.

NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
<input type="checkbox"/> Check here if entry is None <input checked="" type="checkbox"/> 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 (1/1/2015 to the date of filing this form), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

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 (1/1/2015 to the date of filing this form), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

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 (1/1/2015 to the date of filing this form), if the interest has a value of \$10,000 or more. Real property that was your personal residence need not be listed.

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 (1/1/2015 to the date of filing this form), 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 an insolvent business, held during the disclosure period (1/1/2015 to the date of filing this form), if the interest has a value of \$5,000 or more.

NAME AND ADDRESS 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**

*Melanie K. Nakemura*

*4.18.16*

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.

Hawaii State Ethics Commission  
Candidate Disclosure of Financial Interests

**Item 2** **Ownership or beneficial interests in businesses**

NKN Project Planning 4849 Iiwi Road, Kapaa, HI 96746	Consulting business	sole proprietor	
Shiramizu Loo & Nakamura, LLLP 4357 Rice Street, Suite 102, Lihue, HI 96766	Law Firm, Spouse	partner	
Touchstone Investments, Focused Fund			Shares owned 3/15/16 244.162
Gabelli Asset Fund			227.516
Vanguard 500 Index Fund			42
Janus Overseas Fund			340.315
Janus Enterprise Funds			99.693

**Item 4** **Creditor**

	Original	Balance
Wells Fargo Home Mortgage	255,000.00	198,874

**Item 5** **Officerships, Directorships, Trusteeships**

	Title held	Term of Office	Compensation
Democratic Party, Precinct 14-4	Treasurer	3/2016 -3/2017	0
All Saints' Episcopal Church	Vestry (spouse)	1/2016-1/2019	0

**Item 6** **Interest in Real Property Held, Excluding personal residences**

TMK 4-4-002-119: 0002 Kalama Road	281,300	100%
TMK 11017021000 3457 Likini Street	593,800	100%
TMK 330050030000 1349 10th Avenue	782,600	50%