HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER			
Hidano Last Name		Audrey First Name	E. M.I.
FOR STATE EMI	PLOYEES	FOR STATE BOARD/COM	MISSION MEMBERS
	ot. of Accounting and neral Services	Board/Commission Name	
Division		BEGIN Term of Office (mm/dd/yyyy)	END
Position Stat	te Deputy Comptroller		

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

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 RENDERED
F	Hidano Construction, Inc. 1620 Hau Street, Honolulu 96817	Α	Office Manager - Officer
F	Rim-Pac, Inc. dba Superior Solid Surface 1620 Hau Street, Honolulu 96817	A	President - Officer
F	State of Hawaii 1151 Punchbowl St., Honolulu 9681	F 3	Deputy Comptroller
SP	Hidano Construction, Inc. 1620 Hau Street, Honolulu 96817	С	Officer, RME
SP.	Rim-Pac, Inc. dba Superior Solid Surface	A	Officer
Ch	1620 Hau Street, Honolulu 96817		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 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.

JT Rim-P	o Construction, Inc Hau Street, Hon 96 ac, Inc. dba Superi olid Surface at 162	or Solid Surfa	49% stock own ace 90% stock ow	ership mership A
l s	ac, Inc. dba Superi olid Surface at 162		ace 90% Stock ow	mersurb w
n	au St., Honolulu 96	817		
JT Grand 1620	Development, Inc. Hau Street, Honolu 96817	Leasing entity Lu	90% stock owner	ship F

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.

k here if entry is None	al sheets are attached
OWNERSHIP OR BENEFICIAL INTEREST TRANSPERRED BORING THIS BIOGEOGRAP. ELIGISTICAL DESCRIPTION OF THE BENEFICIAL INTEREST TRANSPERRED BORING THIS BIOGEOGRAP.	
CANAGED OF DENIFFICIAL INTEREST TRANSFERRED DIIRING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD

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
JT	Bank of Hawaii (VISA)	G	A
$_{ m JT}$	First Hawaiian Bank (Mortgage - Alika)	Н	H
JT	Grand Development, Inc.	F	F
$_{ m JT}$	First Hawaiian Bank (MasterCard)	В	В
Псн	neck here if entry is None	Check here if addition	nal sheets 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

S,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION	
Check here if entry is None			Check here if additional sheets are attache		

AUDREY HIDANO 5/1/16

FIBE C	PULL NAME/AND/ADDRESS OF BUSINESS 1	TENTRICE CENTRAL	TERM OF OUR OF	COMPENSATIO
F	Nuuanu YMCA	1	1	
	1441 Pali Highway, Honolutu 96813	Board Member	Continuous	zero
F	Boy Scouts of America	<u> </u>		
	42 Pulwa Street, Honolulu 96817	Board Member	Continuous	zero
F	Building Industry Labor Association			
	₽.Q; Box 17844, Honolulu 96817	Member	Continuous	zero
F	Hawali Carpenter's Health/Welfare Trust Fund	<u>.</u> .		
	200 N. Vineyard Blvd., Honolulu 96817	Truslee	Continuous	zero
=	Hawaji Laborer's Annuity Trust Fund	! 		
	1617 Palama Street, Honolulu 96817	Trustee	Continuous	zero
7	Hawaii Laborer's Vac/Hol Trust Fund			zaro
	1617 Palama Street, Honolulu 96817	Trustee	Continuous	zero
-	Hawaii Laborer's Delinquency Fund		Continuous	zero
	1617 Palama Street, Honolulu 96817	Trustee	Communica	2010
-	Hidano Construction, Inc.	Officer, Office Manager	Continuous	A
	1620 Hau Street, Honolulu 96817	Officer, Office Manager	Collinacio	
	Rim-Pac, Inc. dba Superior Solid Surface	Officer	Centinuous	Zero
	TOSO Man priper Trolloggia pagas	Officer	Continuous	
-	Grand Development, Inc.	Officer	Continuous	2610
	1050 USti Street' Lightstell 50011	Officer	Collinacia	
:P	Hidano Construction, Inc.	Desident	Continuous	& .
- 1	162B Hati Steet Indicate ado i	President	Continuodo	A
P	Rim-Pac, Inc. dba Superior Selld Surface	Vice Pres./Secretary	Continuous	zero
	IDZU Hau Street, Honoraid coch	Alce Lies voemeigh	Contandona	
P	Grand Development, Inc.	President/Treasurer	Continuous	zero
	1670 Hau Street Honuriu 2000	Jeginarin Haagmei	Oblitations	
p q	lawaii Carpenter's Apprentice & Training Fund	Tourton	Continuous	zero
ŀ	200 N. Vinevard Blvd., Honoldig 96817	Trustee	Objiditada	
P	Hawaii Benefit Administrators (FIBAI)		Continuous	zero
	200 N. Vineyard Bivd., Honolulu 96817	Truștee	COMMINDED	
	**		i	

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	at is your personal residence or the personal residence of	your spouse or dependent children	THESE HOLDS HOLDS.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	MAP VALUE
JT JT	1620 Hau Street, Honolulu 501 Kalihi Street, Honolulu	1-5-02-8058-0000 1-5-02-8060-0000	K J
;			
Che	ck here if entry is None	Check here	if additional sheets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACC sts in real property in or outside of the State acquired during the orty that is your personal residence or the personal residen	a the disclosure period. It the inter-	est has a value of a rologo of fillore.
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
20,0,			
1			
X Che	eck here if entry is None		if additional sheets are attached
List intere Real prop	ITEM 8: INTERESTS IN REAL PROPERTY TRAN sts in real property in or outside of the State transferred duerty that was your personal residence or the personal residence.	ring the disclosure period, if the in	terest has a value of a rologo of 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

X 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, excluding clients represented before courts.

NAME OF CLIENT		E OF STATE AGENCY				
NAME OF OLIENT						
				į		
				į		
X Check here if entry is None		Che	ck here if additional she	ets are attached		
	NTEE	RESTS IN INSOLVENT BU	ISINESSES			
List the amount and identity of every creditor interest in inso	Ivent	businesses, held during the	disclosure period, if the inte	rest has a value of		
\$5,000 or more.						
F,SP, DC,JT NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE		
3001 1777120						
X Check here if entry is None		Che	eck here if additional sh	eets are attached		
A Greek Here it clied, to the						
FILER						
a Carrier		a lilla				
Audrey E. Hidano Audun E. Sidano 5/1/16				6		
Filer's Signature	Filer's Signature Date					
CERTIFICATION: By checking this box,	you	signify and affirm tha	at you are the person	whose name		
appears as the "Filer" above and the info	orma	ition contained in the	torm is true, correct	and complete to		
the best of your knowledge and belief.	the best of your knowledge and belief. You further certify that you understand that there are statutory					
penalties for failing to report the information	lion	required by Hawaii ia	W.			