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

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FILER					CO 27		<u> </u>	
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Last Nar	Last Name First		lame		100 march 100 ma		22	M.I.
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS					
			Natural En	ergy La	aboratory of	Haw	all Auti	hority BoD
Departm	ent		Board/Com	mission	Name			
Division			BEGIN END Term of Office (mm/dd/yyyy)					
			, , , , , , , , , , , , , , , , , , , ,					
Position			10/7/2014 TBD					
FC USE	OR EACH ITEM, EXCEPT ITEM 9, DISCLO ABBREVIATIONS: "F" for filer. "SP" for spoue	OSE INTEREST e. "DC" for deper	S OF FILER, ident children,	SPOUS and "JT"	E, AND DEPE for joint interes	NDEN Is of th	T CHILE	OREN. and filer.
	ITEM 1: INCOME FOR SERV							
INCOME I	urce and amount of all income of \$1,000 or m EARNED FROM YOUR STATE POSITION), a	ore received duri and the nature of	ing the preced the services re	ing calen: endered.	dar year for sen	vices re	endered ((INCLUDING
F,SP,				V				
DC.JT	NAME OF EMPLOYER / OTHER SOURCE(S)		AMOUNT		SERVICES RENDERED			
F	Research Corp. of the University	of Hawaii	E	Ma	Marine Superintendent			
JT	LynnMac Commercial LLC		С	Lea	Lease income (residential)			
SP	Kamehameha Schools/Bishop Estate		С	Lea	Lease income (commercial)		al)	
	1 1 1 1							
<u></u>								
Che	ck here if entry is None			Check	there if additi	onal s	heets a	re attached
· · · · · · · · · · · · · · · · · · ·	ITEM 2: OWNERSHIP	OR BENEFICI	AL INTERES	TS IN BU	JSINESSES			
List the an	nount and Identity of every ownership or bene sinterest has a value of \$5,000 or more or is a	ficial interest held	during the dis	sclosure p	period in any bu	siness	in or out	side of the
LIST ALL	STOCKS, MUTUAL FUNDS OR OTHER NOT INSTRUCTIONS available at http://ethics.hawail.com/	V-RETIREMENT	INVESTMENT	INTERE	STS VALUED	AT \$5,0	000 OR N	NORE.
F,SP,	THIS DESIGNATION AVAILABLE BY MEDICAL PLAYABLE	104		l				
DC,JT	NAME OF BUSINESS	NATURE OF BU	USINESS	INESS NATURE OF INTEREST		Г	OF SHA	OR NO. ARES
F	Monex Credit Co.	Commoditie	s Broker	Commodities Held		d	С	
				1				

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 and the date of transfer.							
F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD				DATE OF TRANSFER		
	ŕ						
Che	ck here if entry is None			Check here if additions	al sheets are attached		
List the ne emount ou	me of each creditor to whom the value of \$3, tstanding. Exclude debts from retall installme	ITEM 4: CREDITOR 200 or more was owed on the transactions for the pr	luring the	disclosure period and the donumer goods.	original amount and		
F,SP, DC,JT	NAME OF CREDITOR	-		ORIGINAL AMOUNT	AMOUNT OUTSTANDING		
JT	First Hawaiian Bank			I	1		
				'			
JT	Nationstar Mortgage Holdings, In	C.		H	A		
					•		
Che	ck here if entry is None			Check here if additions	al 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 organization, the term of office, and the annual compensation.							
F,SP, DC.JT	NAME OF BUSINESS	TITLE HELD	TE	RM OF OFFICE	ANNUAL COMPENSATION		
		<u> </u>					
Che	ck here if entry is None			Check here if additions	beds 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.

F,SP. DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	YALUE			
JT	10307 46th Ave. NE, Seattle, WA 98125	N/A	ı			
SP	46-016 Kawa St., Kaneohe, HI 96744	Parcel #46011047 (1/16th interest)	F			
Che	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, if the interest has a value of \$10,000 or more.

Real property that is your personal residence of the personal residence of your secure or dependent shiftened.

SP. CJT	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 he	Check here if additional sheets are attach		

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		
JT	10307 46th Ave. NE, Seattle, WA 98125	l; cash	S. Banerjee & V. Mahindra		
Che	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		NAN	ME OF STATE AGENCY		
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Che	ck here if entry is None		Che	ck here if additional she	ets are attached
	ITEM 10: CREDITOR II	NTE	RESTS IN INSOLVENT BU	ISINESSES	
List the am \$5,000 or r	ount and identity of every creditor interest in inso nore.	lvent	businesses, held during the	disclosure period, if the inte	rest has a value of
F.SP. DC.JT	NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
20,01			Thirties of the second	TOTAL OF MICE, CO.	777.2
Cha	ck here if entry is None			ak boro if additional sh	ota are ettrahed
Check here if additional sheets are attached					
FILER	1 - 0 c				
ACHIKEN			5/31/2016		
Filer's Signature				Date	

CERTIFICATION: 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.