

STATE OF HAWAII
STATE ETHICS COMMISSION

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: SHORT FORM

FILER
Last Name: Nishimoto First Name: James M.I.: K

FOR STATE EMPLOYEES	FOR STATE BOARD/COMMISSION MEMBERS
Department: <u>Human Resources Development Office of Director</u>	Board/Commission Name:
Division: <u>Office of Director</u>	BEGIN: _____ END: _____ Term of Office (mm/dd/yyyy)
Position: <u>Director</u>	

Check either number 1 or 2. If you check number 2, provide the relevant information.

- I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.
- I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING. For each addition, deletion, or other change of a financial interest: (1) Indicate who holds the interest, by checking one of the following: "Filer," if you hold the interest; "Spouse," if your spouse holds the interest; "Dependent Child," if your dependent child holds the interest; or "Jointly," if you and your spouse jointly hold the interest; (2) Check "Addition," to indicate the addition of an interest; "Deletion," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; (3) Describe the interest by following the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions." Also, provide the appropriate item number for the interest you are describing.

Check One: <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	Check One: <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") <u>File Compensation from State of Hawaii, Director</u> \$134,000
Check One: <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	Check One: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") <u>Spouse compensation Federal Government, Boise</u> \$121,000
Check One: <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	Check One: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>2</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") <u>See attached</u>
Check One: <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	Check One: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")

<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")

FILER

[Handwritten Signature]

Filer's Signature

12/9/16

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.

F, SP, DC, JT	Name of Bus.	Nature of Bus.	Nature of Int.	Value or No. of Shares
F	AMGEN INC	MEDICAL	SHAREHOLDER	B
F	CISCO SYSTEMS INC	COMPUTER	SHAREHOLDER	B
F	COCA COLA CO COM	BEVERAGE	SHAREHOLDER	C
F	MICROSOFT CORP	COMPUTER	SHAREHOLDER	D
F	ORACLE CORP	COMPUTER	SHAREHOLDER	B
F	PROCTOR & GAMBLE CO	DURABLE GOODS	SHAREHOLDER	B
F	WALT DISNEY CO	ENTERTAINMENT	SHAREHOLDER	D
F	3MCO	PAPER GOODS	SHAREHOLDER	B
F	OPPENHEIMER MAIN STREET FUND CLASS A	MUTUAL FUND	SHAREHOLDER	G
F	ALLIANCE BERNSTEIN GLOBAL FUND INC FD CL A	MUTUAL FUND	SHAREHOLDER	E
F	OPPENHEIMER GLOBAL STRATEGIC INCOME FUND A	MUTUAL FUND	SHAREHOLDER	G
JT	CBS CORP NE CL B	ENTERTAINMENT	SHAREHOLDER	C
JT	IBM	COMPUTER	SHAREHOLDER	C
JT	PG & E CORPORATION	DURABLE GOODS	SHAREHOLDER	B
JT	VIACOM INC NEW CLASS B	TELECOMMUNICATIONS	SHAREHOLDER	D

STATE OF HAWAII
STATE ETHICS COMMISSION

16 JUN -9 P 1:50

James K. Nishimoto
John C. Lohman