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**HAWAII STATE ETHICS COMMISSION**  
**CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS**

STATE OF HAWAII  
 ETHICS COMMISSION

**FILER** Scott K. Saiki  
PO Box 12022  
 Last Name Honolulu HI 96828 First Name \_\_\_\_\_ M.I. \_\_\_\_\_

**OFFICE TO WHICH YOU SEEK ELECTION**

- Governor
- Lieutenant Governor
- Senate, District No. \_\_\_\_\_
- House of Representatives, District No. 26
- 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
House of Representatives 415 S. Beretania St Honolulu HI 96813	E	Legislator
Saiki Law LLLC PO Box 12022 Honolulu HI 96828	E	Legal

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 identify 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
Emi LLC 909 Kapiolani Blvd 3503 Honolulu HI 96814	Real Property	Member	NA

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
NA	
<input type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>	

**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
Central Pacific Bank		
<input type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>		

**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
State Legislative Leaders Foundation 1645 Falmouth Rd D Centerville MA 02632	Director	2016-2017	0
National Conference of State Legislatures 770 East First Pl Denver CO 80230	Executive Committee	2015-2018	0
<input type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>			

**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
45-545 Pakualua Pl Kaneohe HI 96744	1-4-5-087-002-0000	
<input type="checkbox"/> Check here if entry is None <span style="margin-left: 300px;"><input type="checkbox"/> Check here if additional sheets are attached</span>		

**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
NA		
<input type="checkbox"/> Check here if entry is None <span style="margin-left: 300px;"><input type="checkbox"/> Check here if additional sheets are attached</span>		

**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
NA		
<input type="checkbox"/> Check here if entry is None <span style="margin-left: 300px;"><input type="checkbox"/> Check here if additional sheets are attached</span>		

**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
NA	
<input 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
NA			
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

**FILER**

SCOTT K. SAIKI

7/21/2016

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.