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HAWAII STATE ETHICS COMMISSION
CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

Last Name | First Name | M.I.

OFFICE TO WHICH YOU SEEK ELECTION

- [ ] **Governor**
- [ ] **Lieutenant Governor**
- [ ] **Senate, District No.** _____
- [x] **House of Representatives, District No.** _____
- [ ] **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
Archipelago Inc. PO Box 11934 Honolulu, Hawaii 96828	$30,000	Management
Windward Financial LLC 44-139 Kahinani Way Kaneohe HI 96744	$5,000	Marketing

- [ ] **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
Archipelago Inc. PO Box 11934 Honolulu, Hawaii 96828	Content strategy and boutique publishing firm	Equity	1,000
Hui for Hauoli Lofts	Property development	Equity	5

- [ ] **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
NONE	

☑ Check here if entry is None ☐ 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
NONE		

☑ Check here if entry is None ☐ 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
SEE ATTACHED			

☐ Check here if entry is None ☑ 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
Five Regents 2888 Ala Ilima Street #507 Honolulu, Hawaii 96818	1-1-1-062-024	$120,000

☐ **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
NONE		

☑ **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
NONE		

☑ **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
NONE	

☑ **Check here if entry is None** ☐ **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
NONE			

☑ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

FILER

Ikaika Michael Lardizabal Hussey — 07/22/2016

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.

Yes

Ikaika Michael Lardizabal Hussey
1703 Kuikele Street
Honolulu Hawaii 96813

To: Hawaii State Ethics Commission

Re: D-301 Attachment

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	COMPENSATION
Domestic Violence Action Center P.O. Box 3198 Honolulu, HI 96801-3198	Director	2014-2017	0
Hawaii Alliance for Progressive Action PO Box 1534 Kapaa, Hawaii 96746	Treasurer	2015-2017	0
Hanahauoli School 1922 Makiki Street Honolulu, HI 96822	Trustee	2015-2020	0
Ahahui Haku Moolelo 1244-C Hunakai Street Honolulu, HI 96816	Director	2014-2017	0