HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER							
Becker Roo			erick			Koji	
Last Nam	Last Name First N		Name M.I.				
FOR ST	ATE EMPLOYEES		FOR STA	TE BOARD/CO	MMISSIO	N MEMBERS	
Accou	nting & General Services		Employ	er Union Trus	st Fund		
Departme	ent		Board/Commission Name				
Office	of the Comptroller		03/23/2015 12/31/2017			/2017	
Division			BEGIN END Term of Office (mm/dd/yyyy)				
Comptroller			Term or Onice (min/da/yyyy)				
Position							
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 SERVI urce and amount of all income of \$1,000 or m EARNED FROM YOUR STATE POSITION), a	ore received dur	ing the preced	ding calendar year for		endered (INCLUDING	
F,SP, DC,JT			AMOUNT	SERVICES RENDERED			
Che	ck here if entry is None		·	Check here if a	dditional s	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 .							
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	USINESS	NATURE OF INTER	REST	VALUE OR NO. OF SHARES	
√ Check here if entry is None			L	Check here if a	aditional s	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						
	ck here if entry is None	Γ	Check here if additiona	I sheets are attached			
		ITEM 4: CREDITORS					
List the nar	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installmen	000 or more was owed during	the disclosure period and the disc of consumer goods.	original amount and			
F,SP, DC,JT	NAME OF CREDITOR	·	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING			
Cho	ck here if entry is None	Г	Check here if additiona	Loboata are attached			
Cile		را		i sneets 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	TERM OF OFFICE	ANNUAL COMPENSATION			
✓ Che	ck here if entry is None	Γ	Check here if additiona	I 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, 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.

proporty un	ario year percenar reciacios er are percenar reciacios er ;	your opouce or deportable or mark	on not be noted.			
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	(MAP VALUE			
√ Che	ck here if entry is None	Check here	if additional sheets are attached			
	ITEM 7: INTERESTS IN REAL PROPERTY ACQ					
List interes Real prope	ts in real property in or outside of the State acquired during rty that is your personal residence or the personal residence	g the disclosure period, if the inte ce of your spouse or dependent o	rest has a value of \$10,000 or more. 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 PAID	NAME OF PERSON RECEIVING THE CONSIDERATION			
√ Che	ck 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, 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			
√ Che	ck 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		NAI	ME OF STATE AGENCY			
✓ Check here if entry is None			Che	eck here if additional she	eets are attached	
			RESTS IN INSOLVENT BU			
List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value o \$5,000 or more.					erest has a value of	
F,SP, DC,JT	NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE	
✓ Check here if entry is None Check here if additional sheets are attached						
FILER						
Roderick Koji Becker			05/24/2017			
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.

Check all that apply. - State Employee

- State Board/Commission Member

Department Accounting & General Services

Division Office of the Comptroller

State Employee Position Comptroller

State Board or Commission Name Employer Union Trust Fund

Term of Office Start Mar 23, 2015

Term of Office End Dec 31, 2017

Category 1: Income for services rendered for preceding calendar year Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Name of Employer/ Other source of income State of Hawaii

Item #1 Compensation received F: At least \$100,000 but less than \$150,000

Item #1 Description of services rendered Deputy Director of Finance

START Item #2 Who holds interest? Filer

Item #2 Name of Employer/ Other source of income State of Hawaii

Item #2 Compensation received B: At least \$1,000 but less than \$10,000

Item #2 Description of services rendered Comptroller

START Item #3 Who holds interest?

Item #3 Name of Employer/ Other source of income

Item #3 Compensation received

Item #3 Description of services rendered

START Item #4 Who holds interest?

Item #4 Name of Employer/ Other source of income

Item #4 Compensation received

Item #4 Description of services rendered

START Item #5 Who holds interest?

Item #5 Name of Employer/ Other source of income

Item #5 Compensation received

Item #5 Description of services rendered

Category 2: Ownership or Beneficial Interests in Businesses None

START Item #1 Who holds interest?

Item #1 Legal name of business

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value of interest

Item #1 Number of Shares

START Item #2 Who holds interest?

Item #2 Legal name of business

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value of interest

Item #2 Number of Shares

START Item #3 Who holds interest?

Item #3 Legal name of business

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value of interest

Item #3 Number of Shares

START Item #4 Who holds interest?

Item #4 Legal name of business

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value of interest

Item #4 Number of Shares

START Item #5 Who holds interest?

Item #5 Legal name of business

Item #5 Nature of business

Item #5 Nature of interest

Item #5 Value of interest

Item #5 Number of Shares

START Item #1 Who holds interest?

Item #1 Ownership or beneficial interest transferred during this disclosure period

Item #1 Date of transfer

START Item #2 Who holds interest?

Item #2 Ownership or beneficial interest transferred during this disclosure period

Item #2 Date of transfer

START Item #3 Who holds interest?

Item #3 Ownership or beneficial interest transferred during this disclosure period

Item #3 Date of transfer

START Item #4 Who holds interest?

Item #4 Ownership or beneficial interest transferred during this disclosure period

Item #4 Date of transfer

START Item #5 Who holds interest?

Item #5 Ownership or beneficial interest transferred during this disclosure period

Item #5 Date of transfer

Category 4: Creditors Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Legal name of creditor First Hawaiian Bank

Item #1 Original amount owed H: At least \$250,000 but less than \$500,000

Item #1 Amount outstanding H: At least \$250,000 but less than \$500,000

START Item #2 Who holds interest? Filer

Item #2 Legal name of creditor Bank of Hawaii

Item #2 Original amount owed J: At least \$750,000 but less than \$1,000,000

Item #2 Amount outstanding J: At least \$750,000 but less than \$1,000,000

START Item #3 Who holds interest?

Item #3 Legal name of creditor

Item #3 Original amount owed

Item #3 Amount outstanding

START Item #4 Who holds interest?

Item #4 Legal name of creditor

Item #4 Original amount owed

Item #4 Amount outstanding

START Item #5 Who holds interest?

Item #5 Legal name of creditor

Item #5 Original amount owed

Item #5 Amount outstanding

Category 5: Officerships, Directorships, Trusteeships None

START Item #1 Who holds interest?

Item #1 Legal name of entity

Item #1 Title held

Item #1 Term of Office

Item #1 Annual compensation

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Title held

Item #2 Term of Office

Item #2 Annual compensation

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Title held

Item #3 Term of Office

Item #3 Annual compensation

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Title held

Item #4 Term of Office

Item #4 Annual compensation

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Title held

Item #5 Term of Office

Item #5 Annual compensation

START Item #1 Who holds interest?

Item #1 Street address

United States

Item #1 Tax Map Key

Item #1 Value

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Value

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Value

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Value

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Value

Category 7: Interests in Real Property Acquired, excluding Personal Residence(s) None

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration paid

Item #1 Nature of consideration paid

Item #1 Legal name of person or entity receiving the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration paid

Item #2 Nature of consideration paid

Item #2 Legal name of person or entity receiving the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration paid

Item #3 Nature of consideration paid

Item #3 Legal name of person or entity receiving the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration paid

Item #4 Nature of consideration paid

Item #4 Legal name of person or entity receiving the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration paid

Item #5 Nature of consideration paid

Item #5 Legal name of person or entity receiving the consideration

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration received

Item #1 Nature of consideration received

Item #1 Legal name of person or entity furnishing the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration received

Item #2 Nature of consideration received

Item #2 Legal name of person or entity furnishing the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration received

Item #3 Nature of consideration received

Item #3 Legal name of person or entity furnishing the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration received

Item #4 Nature of consideration received

Item #4 Legal name of person or entity furnishing the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration received

Item #5 Nature of consideration received

Item #5 Legal name of person or entity furnishing the consideration

Category 9: Clients Personally Represented before State Agencies None

START Item #1 Legal name of client

Item #1 Name of State Agency

START Item #2 Legal name of client

Item #2 Name of State Agency

START Item #3 Legal name of client

Item #3 Name of State Agency

START Item #4 Legal name of client

Item #4 Name of State Agency START Item #5 Legal name of client

START I Tem #5 Legal name of Ch

Item #5 Name of State Agency

Category 10: Creditor Interests in Insolvent Businesses None

START Item #1 Who holds interest?

Item #1 Legal name of entity

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Nature of business

Item #5 Nature of interest Item #5 Value

Upload your additional information

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. - I sign and affirm

Filer Name Roderick Koji Becker