

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER

Doctor Sparks

Norma

Last Name

First Name

M.I.

FOR STATE EMPLOYEES

Department

Division

Position

FOR STATE BOARD/COMMISSION MEMBERS

University of Hawaii Board of Regents

Board/Commission Name

07/01/2017

06/30/2022

BEGIN

END

Term of Office (mm/dd/yyyy)

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 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 for services rendered (INCLUDING INCOME EARNED FROM YOUR STATE POSITION), and the nature of the services rendered.

F, SP, DC, JT	NAME OF EMPLOYER / OTHER SOURCE(S) OF INCOME	AMOUNT	SERVICES RENDERED

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 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 BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES

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

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 and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING

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 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

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, 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)	VALUE

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, 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 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 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

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	NAME OF STATE AGENCY
<input checked="" 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 insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F, SP, DC, JT	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached				

FILER

Norma Doctor Sparks

08/08/2017

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.

Filer Name Norma Doctor Sparks

Check all that apply. - State Board/Commission Member

Department

Division

State Employee Position

State Board or Commission Name University of Hawaii Board of Regents

Term of Office Start Jul 01, 2017

Term of Office End Jun 30, 2022

Category 1: Income for services rendered for preceding calendar year None

START Item #1 Who holds interest?

Item #1 Name of Employer/ Other source of income

Item #1 Compensation received

Item #1 Description of services rendered

START Item #2 Who holds interest?

Item #2 Name of Employer/ Other source of income

Item #2 Compensation received

Item #2 Description of services rendered

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 Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Legal name of business Families First Hawaii Services

Item #1 Nature of business Consulting

Item #1 Nature of interest Children and families

Item #1 Value of interest B : At least \$1,000 but less than \$10,000

Item #1 Number of Shares 100.0

START Item #2 Who holds interest? Filer

Item #2 Legal name of business B S Doctor Trust

Item #2 Nature of business Rental

Item #2 Nature of interest Trustee, property manager

Item #2 Value of interest J : At least \$750,000 but less than \$1,000,000

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

Category 3: Transfer of Ownership or Beneficial Interests in Businesses None

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 Bank of Hawaii
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?
Item #2 Legal name of creditor
Item #2 Original amount owed
Item #2 Amount outstanding
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 Yes, I have items

START Item #1 Who holds interest? Filer
Item #1 Legal name of entity Kauai Filipino Chamber of Commerce
Item #1 Title held Vice president
Item #1 Term of Office 2 years
Item #1 Annual compensation A : Less than \$1,000
START Item #2 Who holds interest? Filer
Item #2 Legal name of entity Kauai Planning Action Alliance
Item #2 Title held Director
Item #2 Term of Office 2
Item #2 Annual compensation A : Less than \$1,000
START Item #3 Who holds interest? Filer
Item #3 Legal name of entity B.S. Doctor Trust
Item #3 Title held Trustee
Item #3 Term of Office Life
Item #3 Annual compensation B : At least \$1,000 but less than \$10,000
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

Category 6: Interests in Real Property Held, excluding Personal Residence(s) Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Street address 3833 Ohuohu Road

Koloa, HI 96756

United States

Item #1 Tax Map Key 280250550000

Item #1 Value K : At least \$1,000,000 or more

START Item #2 Who holds interest? Filer

Item #2 Street address 7529 Nakalele St.

Honolulu, HI 96825

United States

Item #2 Tax Map Key 390870350000

Item #2 Value K : At least \$1,000,000 or more

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? Filer

Item #1 Street address 7529 Nakalele St.

Honolulu, HI 96825

United States

Item #1 Tax Map Key 390870350000

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

Item #1 Nature of consideration paid Cash

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

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

Category 8: Interests in Real Property Transferred, 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 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
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 Norma Doctor Sparks