

HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER

Hopkins
Last Name

Margarita
First Name

Marga
M.I.

FOR STATE EMPLOYEES

Department

Division

Position

FOR STATE BOARD/COMMISSION MEMBERS

Agribusiness Development Corporation
Board/Commission Name

10/27/2014

06/30/2018

BEGIN

END

Term of Office (mm/dd/yyyy)

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

1. ☐ **I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.**

2. ☒ **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.

<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input checked="" type="checkbox"/> Joint	<u>Check One:</u> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>7</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Purchase of agricultural land, described as follows: Lot 48, area 4.996 acres, Vacationland Hawaii, Unit II, File Plan No. 920, Kapoho, Puna, Hawaii . TMK (3) 1-4-071-007. Purchased from Moana Technologies for \$129K, paid in cash using personal fund
<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input checked="" type="checkbox"/> Joint	<u>Check One:</u> <input checked="" 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.") Code B - Consulting services provided to Agrilogic Consulting through Day2 Resources LLC which is jointly owned by filer and spouse.
<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input checked="" type="checkbox"/> Joint	<u>Check One:</u> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Code C - Vacation rental provided by Day2 Resources LLC which is jointly owned by filer and spouse through Airbnb
<u>Check One:</u> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <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.") Code C - Lecturing at the University of Hawaii at Hilo, increase in rate changed financial code from B to C

<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.")
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FILER

Margarita L Hopkins

Print Name of Filer (*First M.I. Last*)

05/26/2017

Date (*m/d/yyyy*)



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.