

## HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER	UNKA	20	E		3.	
Last Nan			Name		M.I.	
FOR STATE EMPLOYEES		5	Board of Agriculture			
Departm	pepartment		Board of Agroulture Board/Commission Name			
Division	vision		BEGIN 7 / 18 Term of Office (mm/dd/yyyy) END 7/17			
Position						
USE A	OR EACH ITEM, EXCEPT ITEM 9, DISC ABBREVIATIONS: "F" for filer, "SP" for spo	CLOSE INTERES ouse, "DC" for depe	TS OF FILER, endent children,	SPOUSE, AND DEPENDE and "JT" for joint interests of	NT CHILDREN. the spouse and filer.	
employme	ome of \$1,000 or more that was received in the contract services, rental income, etc.). ome (e.g., social security, pension payments)	INCLUDE INCOM	ec 31 of the pre	ceding calendar year for se M STATE EMPLOYMENT.	ervices rendered (e.g., Exclude retirement-	
F,SP, DC,JT	NAME OF EMPLOYER / OTHER SOURCE	IAME OF EMPLOYER / OTHER SOURCE(S) OF INCOME		SERVICES RENDERED		
	One Ohana Tourtection Cline share)		#A,ax	of Consu	CONGULALANT	
. 52				·		
Che	eck here if entry is None			Check here if additional	sheets are attached	
business.	ITEM 2: siness interests held during the disclosure INCLUDE STOCKS, BONDS, MUTUAL F (401Ks, IRAs) and 529 college savings acc	FUNDS, AND OTHE	alue of the intere	est is \$5,000 or more, or equ	al to 10% or more of the NY. Exclude retirement	
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF E	BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES	
	NONE.					
			×			
			8			
Che	eck here if entry is None			Check here if additional	I sheets are attached	

## ITEM 3: SALE OR TRANSFER OF BUSINESS INTERESTS

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTERE	ST TRANSFERRED DURING	THIS DISC	CLOSURE PERIOD	DATE OF TRANSFER		
	NONE						
	_						
			e <mark>s</mark> l	* •	٠		
Che	eck here if entry is None		Check here if additional sheets are attack				
all cred	ditors to whom \$3,000 or more was owed	ITEM 4: CREDITO I during the disclosure period s for the purchase of consu	d. Include	all mortgage loans, home	equity loans, personal		
SP, OC,JT	NAME OF CREDITOR			ORIGINAL AMOUNT	AMOUNT OUTSTANDING		
20,01	Duissen Loau		F	265, 450, W	45,558		
				,			
Chi	eck here if entry is None			Check here if additions	sheets are attache		
t all offic	ITEM 5: OFF	ICERSHIPS, DIRECTOR sitions held in a private bus	SHIPS, TR	RUSTEESHIPS ganization (including non-	profit entities).		
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	т	ERM OF OFFICE	ANNUAL COMPENSATION		
	NOUE						
		1	- 11		1.		

ITEM 6: REAL PROPERTY INTERESTS OWNED

List all real property interests (valued at \$10,000+), including your personal residence, any commercial or investment property, and any property interest located out-of-state. You do not need to disclose the street address and tax map key number of your personal residence.

property in	terest located out-or-state. You do not need to disclose th	e street address and tax map key	riumber of your personal residence.			
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	VALUE			
	RAGULLI, Mari H: 96732	3-8-019-03	3-0000 BT6, 400 W			
Che	ck here if entry is None	Check here	if additional sheets are attached			
residence	ITEM 7: REAL PROPERTY IN property interests (valued at \$10,000+) that were purchas, any commercial or investment property, and any property at tax map key number of your personal residence.	sed or acquired during the disclos	ure period, including your personal			
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			
	NONE					
Che	Check here if entry is None Check here if additional sheets are attack					
residence	ITEM 8: REAL PROPERTY INTE property interests (valued at \$10,000+) that were sold or , any commercial or investment property, and any property at tax map key number of your personal residence.	transferred during the disclosure	period, including your personal			
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			
	NONE					
Che	ck here if entry is None	Check here	e if additional sheets are attached			

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES
List the names of all clients that you personally represented before a state agency for a fee or compensation during the disclosure period.

Exclude representations that solely involve ministerial matters, and legal matters before the state or federal courts.

NAME OF CLIENT		NAM	ME OF STATE AGEN	ICY		
	INE		¥			
Check here if entry is None				Che	ck here if additional sho	ets are attached
List all creditor	ITEM 10: CREDITOR I interests in an insolvent business, where the	NTER	RESTS IN INSOLVE of the creditor inte	/ENT BU rest is \$5	ISINESSES ,000 or more.	
F,SP, DC,JT NA	AME OF BUSINESS		NATURE OF BUS	NESS	NATURE OF INTEREST	VALUE
	ONE				·	
Check here if entry is None Check here if additional sheets are attached						
Filer's Signature    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.						