

STATE OF HAWAII  
STATE ETHICS COMMISSION

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

FILER  
Last Name *Mahi* First Name *Aaron* M.I. *D*

FOR STATE EMPLOYEES

Department

Division

Position

FOR STATE BOARD/COMMISSION MEMBERS

Board/Commission Name *Land Use Commission*

*06/01/2018* *06/01/2022*

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

List all income of \$1,000 or more that was received between Jan 1 - Dec 31 of the preceding calendar year for services rendered (e.g., employment, contract services, rental income, etc.). INCLUDE INCOME EARNED FROM STATE EMPLOYMENT. Exclude retirement-based income (e.g., social security, pension payments).

| F, SP, DC, JT  | NAME OF EMPLOYER / OTHER SOURCE(S) OF INCOME  | AMOUNT  | SERVICES RENDERED                          |
|--|---|---|--|
|  | <i>Partners in Development<br/>2040 Bachelet St.<br/>Hon. HI 96817<br/>Music Consulting<br/>47-046 Kamehameha Hwy</i> |   | <i>Perform, Arrange,<br/>Conduct Music</i> |
| <input type="checkbox"/> Check here if entry is None |   | <input type="checkbox"/> Check here if additional sheets are attached |  |

ITEM 2: OWNERSHIP OF BUSINESS INTERESTS

List all business interests held during the disclosure period, where the value of the interest is \$5,000 or more, or equal to 10% or more of the business. INCLUDE STOCKS, BONDS, MUTUAL FUNDS, AND OTHER OWNERSHIP INTERESTS IN A COMPANY. Exclude retirement accounts (401Ks, IRAs) and 529 college savings accounts.

| F, SP, DC, JT   | NAME OF BUSINESS | NATURE OF BUSINESS  | NATURE OF INTEREST | VALUE OR NO. OF SHARES |
|---|------------------|---|--------------------|------------------------|
| <input checked="" type="checkbox"/>                             |                  |   |                    |                        |
| <input checked="" type="checkbox"/> Check here if entry is None |                  | <input type="checkbox"/> Check here if additional sheets are attached |                    |                        |

**ITEM 3: SALE OR TRANSFER OF BUSINESS INTERESTS**

List all business interests that were sold or transferred during the disclosure period.

| F,SP,<br>DC,JT                      | OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD | DATE OF<br>TRANSFER |
|-------------------------------------|--|---------------------|
| <input checked="" type="checkbox"/> |  |                     |

☒ Check here if entry is None ☐ Check here if additional sheets are attached

**ITEM 4: CREDITORS**

List all creditors to whom \$3,000 or more was owed during the disclosure period. Include all mortgage loans, home equity loans, personal or business loans. Exclude retail installment payments for the purchase of consumer goods.

| F,SP,<br>DC,JT | NAME OF CREDITOR          | ORIGINAL AMOUNT<br>OWED | AMOUNT<br>OUTSTANDING |
|----------------|---------------------------|-------------------------|-----------------------|
|                | Bank of America Home Loan | \$                      | \$                    |

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

**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS**

List all officer, director, trustee, or other fiduciary positions held in a private business or organization (including non-profit entities).

| F,SP,<br>DC,JT                      | NAME OF BUSINESS | TITLE HELD | TERM OF OFFICE | ANNUAL<br>COMPENSATION |
|-------------------------------------|------------------|------------|----------------|------------------------|
| <input checked="" type="checkbox"/> |                  |            |                |                        |

☒ Check here if entry is None ☐ Check here if additional sheets are attached

**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.

| F,SP,<br>DC,JT                      | STREET ADDRESS | TAX MAP KEY NUMBER (IF TAX MAP<br>KEY NUMBER EXISTS) | VALUE |
|-------------------------------------|----------------|--|-------|
| <input checked="" type="checkbox"/> |                |  |       |

☒ Check here if entry is None ☐ Check here if additional sheets are attached

**ITEM 7: REAL PROPERTY INTERESTS RECENTLY ACQUIRED**

List all real property interests (valued at \$10,000+) that were purchased or acquired during the disclosure period, 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.

| F,SP,<br>DC,JT                      | STREET ADDRESS AND TAX MAP KEY NUMBER (IF<br>TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF<br>CONSIDERATION PAID | NAME OF PERSON RECEIVING<br>THE CONSIDERATION |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> |   |  |   |

☒ Check here if entry is None ☐ Check here if additional sheets are attached

**ITEM 8: REAL PROPERTY INTERESTS SOLD OR TRANSFERRED**

List all real property interests (valued at \$10,000+) that were sold or transferred during the disclosure period, 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.

| F,SP,<br>DC,JT                      | STREET ADDRESS AND TAX MAP KEY NUMBER (IF<br>TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF<br>CONSIDERATION RECEIVED | NAME OF PERSON FURNISHING<br>THE CONSIDERATION |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> |   |  |  |

☒ Check here if entry is None ☐ Check here if additional sheets are attached

**ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES**

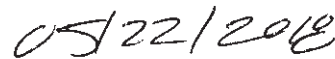
List the names of all clients that you personally represented before a state agency for a fee or compensation during the disclosure period. Exclude representations that solely involve ministerial matters, and legal matters before the state or federal courts.

| NAME OF CLIENT  | NAME OF STATE AGENCY                     |
|---|--|
| <br><br><br><br><br><br><br><br><br><br>  | <br><br><br><br><br><br><br><br><br><br> |
| <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 all creditor interests in an insolvent business, where the value of the creditor interest is \$5,000 or more.

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

**FILER**

Filer's Signature

Date

☐ **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.