

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER
 Sullivan Jan N.
 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 07/01/2011 06/30/2016 BEGIN END <i>Term of Office (mm/dd/yyyy)</i>
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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
F	Oceanit 828 Fort Street Mall, Suite 600 Honolulu, HI 96813	G	Executive
SP	Oceanit 828 Fort Street Mall, Suite 600 Honolulu, HI 96813	G	Executive
F	Rental Income 411 Holbron Lane, #1613, Honolulu, HI 96815	C	Property rental

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
F, SP	Oceanit 828 Fort Street Mall, Suite 600 Honolulu, HI 96813	Engineering & Tech	Family owned business	N/A
F, SP	Hoana Medical 828 Fort Street Mall, Suite 620 Honolulu, HI 96813	Medical Device	Stockholder	B
F	Century Center, Inc.	Real estate holding company	2.5%	E

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

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

F, SP, DC, JT	NAME OF EMPLOYER/OTHER SOURCE(S) OF INCOME	AMOUNT	SERVICES RENDERED
F	Rental Income 411 Hobron Lane, #2505 Honolulu, HI 96815	C	Property rental

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

F, SP, DC, JT	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Century Mission Viejo, LP	Real estate holding company	47.5%	K
F	Esplanade Sullivan, LLC	Real estate holding company	100%	K
F	Gothard Sullivan, LLC	Real estate holding company	100%	K
F	Brea Lambert Sullivan, LLC	Real estate holding company	100%	K
F	Syracuse Jan Sullivan, LLC	Real estate holding company	100%	K
F	Jan Sullivan Hilo, LLC	Real estate holding company	100%	K
F	Cadinha & Co	Retirement savings		I
F	Great West	Retirement savings		H
SP	Great West	Retirement savings		H

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
F	First Hawaiian Bank	K	K
F	JP Morgan Chase	K	K
F	RYT Trust	K	K
F	MidFirst Bank	K	K
F	Principal Capital	K	K

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
F	University of Hawaii	Regent	07/01/11 to 06/30/16	\$0
F	Hawaii Nature Center	Board Member		\$0
SP	Rehabilitation Hospital	Board Member		\$0
F	Jan Sullivan Trust	Trustee		\$0
F, SP	Enterprise Honolulu	Director		\$0

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
JT	411 Hobron Lane, #1613 Honolulu, HI 96815	1-2-6-012-029-0138-001	G
F	411 Hobron Lane, #2505 Honolulu, HI 96815	1-2-6-012-029-0256	H
F	26522 La Alameda Mission Viejo, CA		K
F	33161 Camino Capistrano San Juan Capistrano, CA		K

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
F	136 Country Club Drive, #623 Mountain Village, CO	I	

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
F	111 San Joaquin Road, #20 Mountain Village, CO	H	

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

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

F, SP, DC, JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
F	6,8 & 10 Inverness Court East Englewood, CO		K
F	6161 S. Syracuse Way Greenwood Village, CO		K
F	308 Kamehameha Avenue Hilo, HI		K
F	1662-16742-16792 Gothard Street Huntington Beach, CA		K
F	136 Country Club Drive, #623 Mountain Village, CO		I

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	

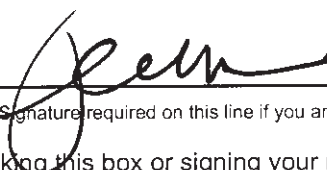
ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

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

Jan N. Sullivan



7/7/14

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.