**HAWAII STATE ETHICS COMMISSION**

**DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM**

**FILER**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spindt</td>
<td>Milo</td>
<td>Konan</td>
</tr>
</tbody>
</table>

**FOR STATE EMPLOYEES**

- **Department:**
- **Division:**
- **Position:**

**FOR STATE BOARD/COMMISSION MEMBERS**

- **Board/Commission Name:** Hawaii Housing Finance and Development
- **BEGIN Term of Office (mm/dd/yyyy):** 09/10/2015
- **END Term of Office (mm/dd/yyyy):** 06/30/2018

**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.

<table>
<thead>
<tr>
<th>F,SP, DC,JT</th>
<th>NAME OF EMPLOYER / OTHER SOURCE(S) OF INCOME</th>
<th>AMOUNT</th>
<th>SERVICES RENDERED</th>
</tr>
</thead>
</table>

- □ 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](http://ethics.hawaii.gov).

<table>
<thead>
<tr>
<th>F,SP, DC,JT</th>
<th>NAME OF BUSINESS</th>
<th>NATURE OF BUSINESS</th>
<th>NATURE OF INTEREST</th>
<th>VALUE OR NO. OF SHARES</th>
</tr>
</thead>
</table>

- □ Check here if entry is None
- ✔ Check here if additional sheets are attached

**Hawaii State Ethics Commission Received**

5/31/2016 7:29:11 PM
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.

<table>
<thead>
<tr>
<th>F,SP. DC, JT</th>
<th>OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD</th>
<th>DATE OF TRANSFER</th>
</tr>
</thead>
</table>

- [ ] 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.

<table>
<thead>
<tr>
<th>F,SP. DC, JT</th>
<th>NAME OF CREDITOR</th>
<th>ORIGINAL AMOUNT OWED</th>
<th>AMOUNT OUTSTANDING</th>
</tr>
</thead>
</table>

- [ ] 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.

<table>
<thead>
<tr>
<th>F,SP. DC, JT</th>
<th>NAME OF BUSINESS</th>
<th>TITLE HELD</th>
<th>TERM OF OFFICE</th>
<th>ANNUAL COMPENSATION</th>
</tr>
</thead>
</table>

- [ ] 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.

<table>
<thead>
<tr>
<th>F, SP, DC, JT</th>
<th>STREET ADDRESS</th>
<th>TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)</th>
<th>VALUE</th>
</tr>
</thead>
</table>

☐ 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.

<table>
<thead>
<tr>
<th>F, SP, DC, JT</th>
<th>STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)</th>
<th>AMOUNT &amp; NATURE OF CONSIDERATION PAID</th>
<th>NAME OF PERSON RECEIVING THE CONSIDERATION</th>
</tr>
</thead>
</table>

✔ 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.

<table>
<thead>
<tr>
<th>F, SP, DC, JT</th>
<th>STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)</th>
<th>AMOUNT &amp; NATURE OF CONSIDERATION RECEIVED</th>
<th>NAME OF PERSON FURNISHING THE CONSIDERATION</th>
</tr>
</thead>
</table>

☐ 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.

<table>
<thead>
<tr>
<th>NAME OF CLIENT</th>
<th>NAME OF STATE AGENCY</th>
</tr>
</thead>
</table>

Check here if entry is None  
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.

<table>
<thead>
<tr>
<th>F,SP, DC, JT</th>
<th>NAME OF BUSINESS</th>
<th>NATURE OF BUSINESS</th>
<th>NATURE OF INTEREST</th>
<th>VALUE</th>
</tr>
</thead>
</table>

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

FILER
Milo Konane Spindt  
05/31/2016

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** Milo Konane Spindt

**Check all that apply.** - State Board/Commission Member

**Department**
**Division**
**State Employee Position**
**State Board or Commission Name** Hawaii Housing Finance and Development Corporation
**Term of Office Start** Sep 10, 2015
**Term of Office End** Jun 30, 2018

**Category 1: Income for services rendered for preceding calendar year** Yes, I have items

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**START Item #1 Who holds interest?** Filer
**Item #1 Name of Employer/ Other source of income** Kauai Fire Department
**Item #1 Compensation received** D : At least $25,000 but less than $50,000
**Item #1 Description of services rendered** Firefighter I, Fire Operations

**START Item #2 Who holds interest?** Filer
**Item #2 Name of Employer/ Other source of income** American Medical Response/DBA International Life Support/DBA AMR Hawaii
**Item #2 Compensation received** B : At least $1,000 but less than $10,000
**Item #2 Description of services rendered** EMT Kauai Operations Emergency Medical Services

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**START Item #3 Who holds interest?** Filer
**Item #3 Name of Employer/ Other source of income** Kauai Realty/Milo Spindt, LTD
**Item #3 Compensation received** A : Less than $1,000
**Item #3 Description of services rendered** Real estate sales

**START Item #4 Who holds interest?** Filer
**Item #4 Name of Employer/ Other source of income** Island School
**Item #4 Compensation received** A : Less than $1,000
**Item #4 Description of services rendered** Soccer Coach

**START Item #5 Who holds interest?** Spouse
**Item #5 Name of Employer/ Other source of income** State of Hawaii, HHSC/KVMH
**Item #5 Compensation received** B : At least $1,000 but less than $10,000
**Item #5 Description of services rendered** ICU Registered Nurse

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**Category 2: Ownership or Beneficial Interests in Businesses** Yes, I have items

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**START Item #1 Who holds interest?** Joint
**Item #1 Legal name of business** Houston Key Investments, LLC
**Item #1 Nature of business** Real estate holding and management
**Item #1 Nature of interest** Managing Members
**Item #1 Value of interest** D : At least $25,000 but less than $50,000
**Item #1 Number of Shares**

**START Item #2 Who holds interest?** Filer
**Item #2 Legal name of business** Milo Spindt, LTD
**Item #2 Nature of business** Real Estate Sales
**Item #2 Nature of interest** 100% Owner
**Item #2 Value of interest** A : Less than $1,000
**Item #2 Number of Shares**

**START Item #3 Who holds interest?** Joint
**Item #3 Legal name of business** Kauai Investments, LLC
**Item #3 Nature of business** Real estate holding and management
**Item #3 Nature of interest** Managing Members
**Item #3 Value of interest** D : At least $25,000 but less than $50,000
**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**

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**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 Yes, I have items

START Item #1 Who holds interest? Joint
Item #1 Ownership or beneficial interest transferred during this disclosure period Maui Investments, LLC, A real estate holding company sold all assets and closed.
Item #1 Date of transfer Jun 08, 2015
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? Joint
Item #1 Legal name of creditor American Savings Bank
Item #1 Original amount owed A : Less than $1,000
Item #1 Amount outstanding A : Less than $1,000
START Item #2 Who holds interest? Joint
Item #2 Legal name of creditor Bank of America
Item #2 Original amount owed G : At least $150,000 but less than $250,000
Item #2 Amount outstanding G : At least $150,000 but less than $250,000
START Item #3 Who holds interest? Joint
Item #3 Legal name of creditor Ocwen Loan
Item #3 Original amount owed H : At least $250,000 but less than $500,000
Item #3 Amount outstanding H : At least $250,000 but less than $500,000
START Item #4 Who holds interest? Joint
Item #4 Legal name of creditor Chase Bank
Item #4 Original amount owed H : At least $250,000 but less than $500,000
Item #4 Amount outstanding H : At least $250,000 but less than $500,000
START Item #5 Who holds interest?
Item #5 Legal name of creditor
Item #5 Original amount owed
Item #5 Amount outstanding
### Category 5: Officershps, Directorships, Trusteeships

Yes, I have items

**START Item #1 Who holds interest?** Filer
**Item #1 Legal name of entity** Kauai Paramedic's Association
**Item #1 Title held** Secretary/ Treasurer
**Item #1 Term of Office** July 2013 to June 2015
**Item #1 Annual compensation**

**START Item #2 Who holds interest?** Filer
**Item #2 Legal name of entity** AYSO Region 940
**Item #2 Title held** Coach Administrator
**Item #2 Term of Office** 2012-2015
**Item #2 Annual compensation**

**START Item #3 Who holds interest?** Filer
**Item #3 Legal name of entity** Kauai Handball Association
**Item #3 Title held** Treasurer
**Item #3 Term of Office** 2012-2015
**Item #3 Annual compensation**

### Category 6: Interests in Real Property Held, excluding Personal Residence(s)

Yes, I have items

**START Item #1 Who holds interest?** Joint
**Item #1 Street address** 45 E. Euclid
Spokane , Washington 99207
United States
**Item #1 Tax Map Key** 35053.3710
**Item #1 Value** F : At least $100,000 but less than $150,000

**START Item #2 Who holds interest?** Joint
**Item #2 Street address** 10011 S. Silver Lake Rd
Medical Lake , Washington 99022
United States
**Item #2 Tax Map Key** 14216.9030
**Item #2 Value** G : At least $150,000 but less than $250,000

**START Item #3 Who holds interest?** Joint
**Item #3 Street address** 1907 E. Sinto
Spokane , Washington 99202
United States
**Item #3 Tax Map Key** 35162.0211
**Item #3 Value** G : At least $150,000 but less than $250,000

**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?
Item #1 Street address
Item #1 Tax Map Key
Item #1 Amount of consideration paid
Item #1 Nature of consideration paid
Item #1 Legal name of person or entity receiving the consideration

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  Additional Disclosure of Income for Services May 31 2016 HHFDC.doc

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 this 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 Milo Konane Spindt
ADDITIONAL DISCLOSURE OF INCOME FOR SERVICES

SP, Wilcox Memorial Hospital  D  Registered Nurse
J, Houston Key Investments, LLC  B  Rental Management
J, Property Rental  C  Property Rental