HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER
Quigley  Peter  S
Last Name  First Name  M.I.

FOR STATE EMPLOYEES
University of Hawaii
Department
Academic Affairs
Division
Associate Vice President
Position

FOR STATE BOARD/COMMISSION MEMBERS
Board/Commission Name
BEGIN  END
Term of Office (mm/dd/yyyy)

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.

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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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.

<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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

✔ Check here if entry is None  ☐ Check here if additional sheets are attached
### 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.S.P, 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

Peter S Quigley 06/01/2016

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: Peter S Quigley

- State Employee

Department: University of Hawaii
Division: Academic Affairs
State Employee Position: Associate Vice President
State Board or Commission Name: 
Term of Office Start: 
Term of Office End: 

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

START Item #1 Who holds interest? Filer
Item #1 Name of Employer/ Other source of income: Passport Review Board
Item #1 Compensation received: B: At least $1,000 but less than $10,000
Item #1 Description of services rendered: I was compensated $2000 by the Lumina grant that funds this student success initiative

START Item #2 Who holds interest? Spouse
Item #2 Name of Employer/ Other source of income: Hawaii Department of Education
Item #2 Compensation received: E: At least $50,000 but less than $100,000
Item #2 Description of services rendered: public school teacher

START Item #3 Who holds interest?

START Item #4 Who holds interest?

START Item #5 Who holds interest?

Category 2: Ownership or Beneficial Interests in Businesses
None

START Item #1 Who holds interest?
Item #1 Legal name of business
Item #1 Nature of business
Item #1 Nature of interest
Item #1 Value of interest
Item #1 Number of Shares

START Item #2 Who holds interest?
Item #2 Legal name of business
Item #2 Nature of business
Item #2 Nature of interest
Item #2 Value of interest
Item #2 Number of Shares

START Item #3 Who holds interest?
Item #3 Legal name of business
Item #3 Nature of business
Item #3 Nature of interest
Item #3 Value of interest
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

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

START Item #6 Who holds interest?
Item #6 Legal name of business
Item #6 Nature of business
Item #6 Nature of interest
Item #6 Value of interest
Item #6 Number of Shares

START Item #7 Who holds interest?
Item #7 Legal name of business
Item #7 Nature of business
Item #7 Nature of interest
Item #7 Value of interest
Item #7 Number of Shares

START Item #8 Who holds interest?
Item #8 Legal name of business
Item #8 Nature of business
Item #8 Nature of interest
Item #8 Value of interest
Item #8 Number of Shares

START Item #9 Who holds interest?
Item #9 Legal name of business
Item #9 Nature of business
Item #9 Nature of interest
Item #9 Value of interest
Item #9 Number of Shares

START Item #10 Who holds interest?
Item #10 Legal name of business
Item #10 Nature of business
Item #10 Nature of interest
Item #10 Value of interest
Item #10 Number of Shares
Category 3: Transfer of Ownership or Beneficial Interests in Businesses

None

Category 4: Creditors

Yes, I have items

START Item #1 Who holds interest? Filer
Item #1 Legal name of creditor Chase Auto
Item #1 Original amount owed C: At least $10,000 but less than $25,000
Item #1 Amount outstanding C: At least $10,000 but less than $25,000
START Item #2 Who holds interest?
Item #2 Legal name of creditor
Item #2 Original amount owed
Item #2 Amount outstanding
START Item #3 Who holds interest?
Item #3 Legal name of creditor
Item #3 Original amount owed
Item #3 Amount outstanding
START Item #4 Who holds interest?
Item #4 Legal name of creditor
Item #4 Original amount owed
Item #4 Amount outstanding
START Item #5 Who holds interest?
Item #5 Legal name of creditor
Item #5 Original amount owed
Item #5 Amount outstanding

Category 5: Officerships, Directorships, Trusteeships

None
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 322A Iliwahi Loop
Kailua, Hawaii 96734
United States
Item #1 Tax Map Key 44029035
Item #1 Value i: At least $500,000 but less than $750,000
START Item #2 Who holds interest? Joint
Item #2 Street address 15-2675 Lalakea St
Pahoa, Hawaii 96778
United States
Item #2 Tax Map Key 150820920000
Item #2 Value G: At least $150,000 but less than $250,000

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
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
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
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
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
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

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. - I sign and affirm

Filer Name  Peter S Quigley