

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

**FILER**  
 Sullivan Jan N.  
 Last Name First Name M.I.

<b>FOR STATE EMPLOYEES</b>  Department  Division  Position	<b>FOR STATE BOARD/COMMISSION MEMBERS</b> University of Hawaii Board of Regents  Board/Commission Name 07/01/2011                      06/30/2021  <b>BEGIN                                      END</b> <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**

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
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 (pertaining to Item 6)	H	Property rental

Check here if entry is None                                       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
F, SP	Oceanit 828 Fort Street Mall Suite 600 Honolulu, HI 96813	Engineering & Tech	Family owned business	K
F, SP	Hoana Medical 677 Ala Moana Boulevard Suite 816 Honolulu, HI 96813	Medical Device	Stockholder	B

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

**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 Center, Inc.	Real estate holding company	2.5%	E
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	Syracuse Jan Sullivan, LLC	Real estate holding company	100%	K
F	Jan Sullivan Hilo, LLC	Real estate holding company	100%	K
F	Oceanside Sullivan, LLC	Real estate holding company	100%	K
F	Cadinha & Co	Retirement savings		I
F	Empower	Retirement savings		H
SP	Empower	Retirement savings		H

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

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

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 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, DC, JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F	Farmers and Merchants Bank	K	K
F	JP Morgan Chase	K	K
F	RYT Trust	K	K
F	Guaranty Bank	K	K

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, DC, JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	University of Hawaii	Regent	07/01/2011 to 06/30/2021	\$0
SP	Rehabilitation Hospital	Board Member		\$0
F	Jan Sullivan Trust	Trustee		\$0
F, SP	Oahu Economic Development Board	Director		\$0
SP	IBIS Networks, Inc.	Director		\$0
SP	PISCES	Board Member		\$0

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, 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	H
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: 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, 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

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, 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

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	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		K
F	1950-1980 Oceanside Boulevard Oceanside, CA		K

**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

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

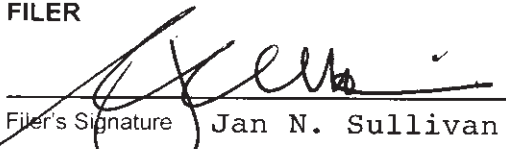
**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List all creditor interests in an insolvent business, where the value of the creditor interest is \$5,000 or more.

F, SP, DC, JT	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

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

**FILER**

  
 Filer's Signature Jan N. Sullivan

5/29/18  
 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.