

HAWAII STATE ETHICS COMMISSION
Instructions For Candidate Disclosure of Financial Interests (Form D-301)

QUESTIONS? If you have any questions regarding the following instructions, contact the Hawaii State Ethics Commission for assistance at **(808) 587-0460**.

WHO MUST FILE? Article XIV of the State Constitution and sections 84-17(b), (c)(10), and (d)(1), Hawaii Revised Statutes, require candidates for state elective offices to file a **public** financial disclosure statement with the Hawaii State Ethics Commission.

WHEN MUST A FINANCIAL DISCLOSURE FORM BE FILED? The financial disclosure form must be **received** (not just postmarked) by the Hawaii State Ethics Commission **by Friday, July 22, 2016**. **This filing deadline applies to all candidates for state elective offices, including candidates for the Board of Trustees of the Office of Hawaiian Affairs.** Because of the limited time between the filing deadline and the date of the election, **no extensions of time can be granted.**

WHAT TIME PERIOD DOES THE FORM COVER? WHAT DOES THE TERM "DISCLOSURE PERIOD" MEAN? The "disclosure period" is the period of time for which you must disclose all pertinent information. For **Item 1 only** (income for services rendered) on the financial disclosure form, the period of time covered is the preceding calendar year, which is January 1, 2015 to December 31, 2015. For **Items 2 through 10**, the disclosure period is the period of time covering January 1, 2015 to the date of your filing the financial disclosure form. All information required to be disclosed must be disclosed if the items existed, arose, or occurred during the disclosure period, even if they do not exist at the time of filing. If further clarification is needed, please contact the Hawaii State Ethics Commission.

WHERE MUST THE FINANCIAL DISCLOSURE FORM BE FILED? To file your completed financial disclosure form, you must (1) electronically submit the form to the Hawaii State Ethics Commission on the Commission's website at <http://ethics.hawaii.gov/>; or (2) deliver or mail the form in paper format to the Hawaii State Ethics Commission, 1001 Bishop Street, American Savings Bank Tower, Suite 970, Honolulu, Hawaii 96813.

Note: Neighbor island candidates for state offices may obtain the disclosure forms from the offices of the County Clerks. However, the disclosure forms for candidates for state offices **must be filed only with the Hawaii State Ethics Commission**. Filing the forms with the offices of the County Clerks does **not** constitute filing with the Hawaii State Ethics Commission.

WHAT INTERESTS MUST BE DISCLOSED? HRS §84-17(f) lists those interests that must be disclosed. These include the source and amount of income of \$1,000 or more received during the preceding calendar year for services rendered; ownership or beneficial interests in a business having a value of \$5,000 or more or equal to ten percent of the ownership of the business; the transfer of such interests; fiduciary relationships held in a business; the names of creditors to whom the value of \$3,000 or more was owed; real property, other than the personal residence(s) of the candidate, in which an interest is held, acquired, or transferred whose value is \$10,000 or more; creditor interests, having a value of \$5,000 or more, in an

insolvent business; and clients represented before state agencies. **Candidates are only required to disclose their own financial interests, and not the financial interests of their spouse or dependent children.**

IMPORTANT: PENALTIES FOR FAILURE TO FILE OR FILING LATE HRS §84-17(j) requires the Hawaii State Ethics Commission to make **public** the names of candidates who do not file their disclosure statements on time and to assess a late filing penalty of \$25 against those candidates. To avoid a late filing, candidates who mail their forms should allow sufficient time for their forms to reach the Hawaii State Ethics Commission before the filing deadline date.

HRS §84-17(j) also authorizes the Hawaii State Ethics Commission to investigate charges and to issue public decisions as to whether a candidate has complied with the disclosure requirements.

DEFINITIONS

The following definitions, set forth in HRS §84-3, must be adhered to as you complete the form:

"Business" includes a corporation, partnership, a sole proprietorship, a trust or foundation, or any other individual or organization carrying on a business, whether or not operated for profit.

"Compensation" means any money, thing of value, or economic benefit conferred on or received by any person in return for services rendered or to be rendered by oneself or another.

"Employment" means any rendering of services for compensation.

"Financial interest" means an interest held by a candidate, which is:

1. An ownership interest in a business.
2. A creditor interest in an insolvent business.
3. An employment, or prospective employment for which negotiations have begun.
4. An ownership interest in real or personal property.
5. A loan or other debtor interest.
6. A directorship or officership in a business.

"State agency" includes the State, the legislature and its committees, all executive departments, boards, commissions, committees, bureaus, offices, the University of Hawaii, and all independent commissions and other establishments of state government but excluding the courts.

GENERAL INSTRUCTIONS

Step 1: Complete the first page by providing your name, your residence and mailing address, your telephone number (residential and business), and the name of the office to which you seek election.

The information on the first page is for office use only by the Hawaii State Ethics Commission.

Step 2: Complete the heading on the second page and complete items 1 through 10 of the financial disclosure form (see the item-by-item instructions on the next page). **If you have no reportable interests in any item, check the appropriate box on the form.** If more space is needed to answer any item, check the box under the appropriate item number on the form and use an additional blank sheet. Please refer by number to the item or items that are being completed on additional sheets.

Step 3: If you are electronically submitting your form, type your name and the date on the bottom of the last page of the form and check the "Certification" box. If you are submitting a paper form, you must sign your name on the signature line at the bottom of the last page (blue ink is recommended) and date the form. The filing of a paper form is not valid without an original signature.

Step 4: Make sure you save your form on your computer or retain a copy for your records.

Step 5: File your completed form with the Hawaii State Ethics Commission. See "*How to File Your Candidate Disclosure of Financial Interests*," for special instructions on how to submit your form electronically to the Commission.

Remember: You are only required to disclose your own financial interests, and not the financial interests of your spouse or dependent children.

ITEM BY ITEM INSTRUCTIONS

These instructions explain the information required by each of the specific items noted in the form. Where an item calls for the stating of a dollar amount, you may indicate the value of the interest by using the appropriate letter from the following code:

Financial Amount Code

A	Less than \$1,000
B	At least \$1,000 but less than \$10,000
C	At least \$10,000 but less than \$25,000
D	At least \$25,000 but less than \$50,000
E	At least \$50,000 but less than \$100,000
F	At least \$100,000 but less than \$150,000
G	At least \$150,000 but less than \$250,000
H	At least \$250,000 but less than \$500,000
I	At least \$500,000 but less than \$750,000
J	At least \$750,000 but less than \$1,000,000
K	At least \$1,000,000 or more

For example, for Item 1 of the disclosure form, if your income from an employment source is \$45,000 per year, you may indicate your compensation by using the letter "D" from the financial amount code instead of stating the exact dollar amount of your income.

Item 1. Income For Services Rendered For Preceding Calendar Year: You must report the source and amount of all income of \$1,000 or more, for services rendered, received **during the preceding calendar year. The preceding calendar year covers the period**

January 1, 2015 to December 31, 2015. The term “source” includes any state or other government agency. You must report the name of the source of the income, the amount of income received, and the nature of the services provided. For example, if you are employed by a business, then report the name of the business, the amount of income received during the preceding calendar year, and the nature of the services you provided to the business. When disclosing the source, provide the complete name (not acronyms), and the address of the business or source from which the income was derived. Note: Rental income received is also reportable.

Item 2. Ownership or Beneficial Interests in Businesses: You must report the amount and identity of every ownership or beneficial interest held by you during the disclosure period (January 1, 2015 to the date of filing) in any business in or outside of the State where that interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business, including, but not limited to, stock. Report the complete name (not acronyms) and address of the business, the kind of activity the business is engaged in, and the nature of your interest in the business. If you are a shareholder of stock or mutual fund(s), you must report the number of shares owned or the approximate value of the stock or mutual fund(s).

Note: You need not report interests in the form of an account in a federal or state-regulated financial institution, mutual insurance policies, or individual items in a mutual fund or blind trust if the mutual fund or blind trust has been otherwise disclosed under this item.

Retirement Accounts: You need not report retirement accounts such as 401(k)s, IRAs, or accounts held under the deferred compensation plan for state employees.

Item 3. Transfer of Ownership or Beneficial Interest in Businesses: If an ownership or beneficial interest reported in Item 2 was transferred during the disclosure period (January 1, 2015 to the date of filing), indicate the date of the transfer.

Item 4. Creditors: You must report the name of each creditor to whom you owed \$3,000 or more during the disclosure period (January 1, 2015 to the date of filing). You are required to report the original amount owed and the present amount owed. Accounts of a business entity payable in the ordinary course of business need not be reported. Debts arising out of retail installment transactions for the purchase of consumer goods also need not be reported.

Item 5. Officerships, Directorships, Trusteeships: You are required to disclose every officership, directorship, trusteeship, or other fiduciary relationship held by you during the disclosure period (January 1, 2015 to the date of filing) in a business, including corporations, associations, unions, partnerships, trusts or foundations, and nonprofit businesses and associations. You must also indicate the annual compensation received, if any, and the term of office.

Item 6. Interests in Real Property Held: You are required to disclose the street address and the tax map key number (if a tax map key number exists) of any real property in or outside of the State, if the interest has a value of \$10,000 or more and was held by you during the disclosure period (January 1, 2015 to the date of filing). The value of the real property interest may be computed in any reasonable manner. You may, for example, compute the value from the property's assessed valuation. You are not required to disclose

real property held that is your personal residence. Note: If you hold interests in real property placed in a trust, you may be required to disclose the interests. For clarification, contact the Hawaii State Ethics Commission.

Item 7. Interests in Real Property Acquired: You are required to disclose any interest in real property in or outside of the State, if the interest has a value of \$10,000 or more and was acquired by you during the disclosure period (January 1, 2015 to the date of filing). You must report the amount that was paid for the property and the nature of the consideration paid, i.e., whether the payment was in cash, exchange, agreement of sale, etc. You must also provide the name of the person from whom the property was acquired (the person receiving the consideration). In addition, you must report the street address and the tax map key number (if a tax map key number exists) of the real property in which the interest was acquired. You are not required to disclose real property acquired that is your personal residence.

Item 8. Interests in Real Property Transferred: For this item, the method of reporting is the same as that indicated for Item 7. Here, however, you must report any interest in real property in or outside of the State, if the interest has a value of \$10,000 or more and was transferred by you during the disclosure period (January 1, 2015 to the date of filing). You must report the amount received; the nature of the consideration (cash, exchange, agreement of sale, etc.); and the street address and the tax map key number (if a tax map key number exists) of the real property. You must also provide the name of the person to whom the real property was transferred (the person furnishing the consideration). You are not required to disclose real property transferred that was your personal residence.

Item 9. Clients Personally Represented Before State Agencies: You are required to report the name of any client you personally represented before state agencies for a fee or compensation during the disclosure period (January 1, 2015 to the date of filing). You must also report the names of the particular state agencies involved. For example, if you represented a client before a particular state board, then report the name of that board. If the representation involved ministerial matters or involved representation of a person in your state capacity where you received no additional compensation (aside from your state salary), the representation need not be disclosed. You need not report clients you personally represented before the courts.

Item 10. Creditor Interests in Insolvent Businesses: You are required to report the amount and identity of every creditor interest in an insolvent business held by you during the disclosure period (January 1, 2015 to the date of filing). Only interests having a value of \$5,000 or more need to be disclosed. An insolvent business is one that has filed for protection under the federal bankruptcy code or has legally dissolved. Disclose the name and address of the business, the nature of the business, the nature of the interest held, and the value of the interest held.

IMPORTANT: If you are filing a paper form, you must sign and date your disclosure form. Blue ink is recommended.

Sample Form Attached



FORM
D-301
(Rev. 1/2016)



HAWAII STATE ETHICS COMMISSION
CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS
(PERSONAL INFORMATION ON THIS PAGE IS NOT AVAILABLE TO THE PUBLIC EXCEPT AS REQUIRED BY LAW)

FILER

Public	John	Q.
Last Name	First Name	M.I.

RESIDENCE ADDRESS

0000 Kamehameha Highway

Number and Street

Haleiwa	HI	96700
City	State	Zip Code

MAILING ADDRESS *(if different from Residence)*

Same as Above

Number and Street or P.O. Box

City	State	Zip Code
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CONTACT INFORMATION

(808) 123-0000	(808) 999-0000	
Residence Telephone	Business Telephone	Extension
	john.public@company.com	
Cellphone	Email Address	

OFFICE TO WHICH YOU SEEK ELECTION

- Governor
- Lieutenant Governor
- Senate, District No. _____
- House of Representatives, District No. _____
- Office of Hawaiian Affairs, Island _____

Sample Form

HAWAII STATE ETHICS COMMISSION CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

FILER

Public
Last Name

John
First Name

Q.
M.I.

OFFICE TO WHICH YOU SEEK ELECTION

- Governor**
- Lieutenant Governor**
- Senate, District No. _____**
- House of Representatives, District No. _____**
- Office of Hawaiian Affairs, Island _____**

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** (1/1/2015 – 12/31/2015) for services rendered (INCLUDING INCOME EARNED FROM ANY STATE OR OTHER GOVERNMENT AGENCY), and the nature of the services rendered.

NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
Dental Work, Inc. 000 Beretania Street Honolulu, HI 96800	D	Dentistry
The Health Consortium 0000 Dole Street Honolulu, HI 96800	A	Consultant
<input type="checkbox"/> Check here if entry is None		<input type="checkbox"/> 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 (1/1/2015 to the date of filing this form) 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 for this form.

BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
Cal-Free Cola Company 000 4th Street Portland, OR 44444	Soft Drink Company	Stock	500 shares
Quincy Rentals 000 Mahalo Lane Kaneohe, HI 96700	Property Rental	1/3 Ownership of Business	C
<input type="checkbox"/> Check here if entry is None		<input type="checkbox"/> Check here if additional sheets are attached	

Sample Form

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period (1/1/2015 to the date of filing this form) and the date of transfer.

OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
Sold 500 shares of stock in Cal-Free Cola Company	06/15/2015
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 (1/1/2015 to the date of filing this form) and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
Island Bank	G	F
Everybody's Credit Union	C	C
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 (1/1/2015 to the date of filing this form) in any business or organization, the term of office, and the annual compensation.

NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
Good Works Charities 0000 Nuuanu Lane Honolulu, HI 96800	Director	1998-(no end date)	None
Manapua, Unlimited 000 Gulick Avenue Honolulu, HI 96800	Vice President	2012-2016	None
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 (1/1/2015 to the date of filing this form), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
0000 Kaheka Street, Unit 500 Honolulu, HI 96800	9-1-0-00-01	F
0000 Mango Lane Kailua, HI 96799	9-0-0-00-00	H
0000 Lark Avenue, Apt. 2 Las Vegas, NV 22200		G

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 (1/1/2015 to the date of filing this form), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
0000 Pebble Lane San Jose, CA 11100	H, Cash	Sam and Sandy Seller

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 (1/1/2015 to the date of filing this form), if the interest has a value of \$10,000 or more. Real property that was your personal residence need not be listed.

STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
0000 Kaheka Street, Unit 500 Honolulu, HI 96800 Tax Map Key No. 9-1-0-00-01	F, Cash	Robert Buyer

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

Sample Form

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 (1/1/2015 to the date of filing this form), excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
Clifford Client	Department of Business Regulation
<input 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 an insolvent business, held during the disclosure period (1/1/2015 to the date of filing this form), if the interest has a value of \$5,000 or more.

NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
Nolo Furniture, Inc. 0000 Sand Island Road Honolulu, HI 96800	Furniture Sales	Unsecured Creditor	B
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

FILER

John Q. Public

6/30/2016

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.