



**ETHICS COMMISSION**  
 CITY AND COUNTY OF HONOLULU  
 925 Dillingham Boulevard, Suite 190  
 Honolulu, Hawaii 96817-4506  
 (808)768-9242 [ethics@honolulu.gov](mailto:ethics@honolulu.gov)

THIS SPACE FOR OFFICE USE ONLY

**CONFIDENTIAL FINANCIAL DISCLOSURE (for CY2019):**

**Board and Commission Members**

Read the attached instruction sheet before completing this form. *TYPE or PRINT clearly.*

**PART A BOARD AND COMMISSION MEMBERS COMPLETE**

Type of Filing:  Initial  Annual  Leaving Office

Name \_\_\_\_\_ City Position Board/Commission Member  
LAST FIRST MIDDLE INITIAL (Jr., Sr., III)

Board/Commission Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Names of Dependent Children \_\_\_\_\_

**PART B BOARD AND COMMISSION MEMBERS COMPLETE**

1. **INCOME** of \$1,000 or more, source, services rendered, and timeframe during the preceding calendar year. Include income of spouse and dependent children.

None  Additional sheets attached

RECIPIENT	EMPLOYER/SOURCE	POSITION/ SERVICE RENDERED	WHEN	ANNUAL INCOME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. **CREDITORS** to whom you, your spouse, and dependent children owed \$3,000 or more during the preceding calendar year.

None  Additional sheets attached

PERSON(S) INCURRING DEBT	CREDITOR	ORIGINAL LOAN AMT.	AMOUNT OUTSTANDING
_____	_____	_____	_____
_____	_____	_____	_____

3. **OWNERSHIP OR INTERESTS HELD IN BUSINESSES IN HAWAI'I** during the preceding calendar year valued at \$5,000 or more or equal to 10% of the ownership of the business.

None  Additional sheets attached

OWNER(S)	BUSINESS NAME & ADDRESS	NATURE OF BUSINESS	% OF INTEREST	VALUE OF INTEREST
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. **OWNERSHIP OR INTERESTS TRANSFERRED IN BUSINESSES IN HAWAI'I** during the preceding calendar year valued at \$5,000 or more or equal to 10% of the ownership of the business.

None  Additional sheets attached

OWNERSHIP OR INTEREST	DATE OF TRANSFER
_____	_____

5. **FIDUCIARY POSITIONS HELD IN A BUSINESS** (officership, directorship, trusteeship or other fiduciary relationship) during the preceding calendar year, the term of office, and the annual compensation.

None  Additional sheets attached

POSITION	HOLDER	NAME & ADDRESS OF BUSINESS OR ORGANIZATION	TERM OF OFFICE	ANNUAL COMPENSATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. **CREDITOR INTERESTS IN INSOLVENT BUSINESS** held during the preceding calendar year worth \$5,000 or more.

None  Additional sheets attached

HOLDER	NAME & ADDRESS OF BUSINESS	NATURE OF INTEREST	VALUE
_____	_____	_____	_____
_____	_____	_____	_____

7. **CLIENTS PERSONALLY REPRESENTED BEFORE CITY AGENCIES** for a fee or compensation during the preceding calendar year.

None  Additional sheets attached

REPRESENTATIVE	CLIENT	CITY AGENCY	NATURE OF BUSINESS
_____	_____	_____	_____
_____	_____	_____	_____

8. **REAL PROPERTY OWNED** in the City and County of Honolulu. Report interests valued at \$10,000 or more.

None  Additional sheets attached

OWNER(S)	TAX MAP KEY NUMBER & STREET	VALUE	YEAR OBTAINED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. **REAL PROPERTY TRANSFERRED OR OBTAINED** in the City and County of Honolulu during the preceding calendar year.

None  Additional sheets attached

SELLER/DONOR	BUYER/DONEE	DATE	PRICE	TAX MAP KEY NUMBER & STREET ADDRESS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*I declare that I have used all reasonable diligence in reviewing and preparing this form and in reviewing the Ethics Checklist Refresher document in its entirety. To the best of my knowledge, the foregoing is true and complete. I understand that this form is subject to audit and any errors or omissions may be found to be a violation of the City's ethics laws and I may be subject to discipline, a civil fine, or both.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART C ETHICS COMMISSION COMPLETES**

Notes: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_