

**HAWAII STATE ETHICS COMMISSION  
DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)**

|   |  |
|---|--|
| NAME (Last, First, Middle):<br><b>HANOHANO, FAYE, PUA</b><br>STATE POSITION HELD:<br><b>HOUSE OF REPRESENTATIVE</b><br>DEPT/DIVISION or BOARD/COMMISSION:<br><b>STATE LEGISLATURE</b><br>TERM OF OFFICE (Begin/End): <b>11-4-08/11-2-10</b> | Date Received:<br><br><b>'10 JUN -1 P2 :48</b><br><br>STATE OF HAWAII<br>STATE ETHICS COMMISSION |
|---|--|

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 FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR**

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

| F,SP,DC,JT | NAME AND ADDRESS OF SOURCE OF INCOME  | AMOUNT | SERVICES RENDERED       |
|------------|---|--------|-------------------------|
| F          | STATE OF HI<br>STATE CAPITOL<br>415 S. BERETANIA ST. #303<br>HONOLULU, HI 96813                                     | D      | HOUSE OF REPRESENTATIVE |
| F          | STATE OF HI<br>EMPLOYEE'S RETIREMENT SYSTEM<br>CITY FINANCIAL TOWER<br>201 MERCHANT ST. #1400<br>HONOLULU, HI 96813 | E      | RETIREMENT              |

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.

| F,SP,DC,JT | BUSINESS NAME AND ADDRESS                         | NATURE OF BUSINESS | NATURE OF INTEREST         | VALUE OR NO. OF SHARES |
|------------|---|--------------------|----------------------------|------------------------|
| F          | FAYE P. HANOHANO<br>PO Box 205<br>PAHOA, HI 96778 | Agriculture        | Diversified<br>Agriculture | A                      |

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.

| F,SP,<br>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 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.

| F,SP,<br>DC,JT | NAME OF CREDITOR                                       | ORIGINAL AMOUNT OWED | AMOUNT OUTSTANDING |
|----------------|--|----------------------|--------------------|
| F              | CitiFinancial<br>270 Kamehameha Ave.<br>Hilo, HI 96720 | F                    | F                  |

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.

| F,SP,<br>DC,JT | NAME AND ADDRESS OF BUSINESS | TITLE HELD | TERM OF OFFICE | ANNUAL COMPENSATION |
|----------------|------------------------------|------------|----------------|---------------------|
|                |                              |            |                |                     |

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.

| F,SP,DC,JT | STREET ADDRESS  | TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | VALUE |
|------------|-----------------|---|-------|
| F          | Opihikao Rd.    | 3-1-1-001-027                                     | C     |
| JT         | Kehena          | 3-1-2-009-007                                     | H     |
| JT         | Kaohē/South Rd. | 3-1-5-001-010                                     | I     |

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.

| 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: 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.

| 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 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.

| 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 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.

| F,SP,DC,JT | NAME AND ADDRESS OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE |
|------------|------------------------------|--------------------|--------------------|-------|
|            |                              |                    |                    |       |

Check here if entry is None

Check here if additional sheets are attached

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

  
SIGNATURE

May 28, 2010  
DATE