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

NAME (La	ast, First, Middle):			Date i	Received:
STATE PO	OSTRIONHELD: Dictor of Heath 1/3/m-	· quant	•	11 JAN 19 P1:03	
Fo	rision or BOARD/COMMISSION: my Houth Dry, sm. Chuy OFFICE (Begin/End): 12002 - 17 - 12010		ξ	STATE OF HAWAII STATE ETHICS COMMISSI	0 †
USE ABBI	ACH ITEM, EXCEPT ITEM 9, DISCLOSE REVIATIONS: "F" for filer, "SP" for spouse, "DO ITEM 1: INCOME FOR SERVICES urce (the term "source" also includes any state uring the preceding calendar year, for services	C" for dependent chik S RENDERED FOI or other government	dren, and "Jī R PRECED agencies) a	T" for joint interests of the s NNG CALENDAR YEAR and amount of all income of	spouse and filer.
F,SP,DC			AMOUNT		D
6	Dept of Health, Form	by Hoth Chief	\$ 102,80	Public Le	eth
Chec	k here if entry is None		Сн	eck here if additional she	ets are attached
List the am	ITEM 2: OWNERSHIP OR nount and identity of every ownership or benefic fithe interest has a value of \$5,000 or more or is	cial interest held durin	ng the disclos	sure period in any business	s in or outside of
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSI	NESS N	IATURE OF INTEREST	VALUE OR NO. OF SHARES
F					
Chec	k here if entry is None		Ch	eck here if additional she	ets 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 OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE DATE OF DC.JT PERIOD 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 NAME OF CREDITOR ORIGINAL AMOUNT AMOUNT DC.JT OWED **OUTSTANDING** Bank of amuse on Mortgage HSFCW - Eggenty Amie Brok of amuse Con Int Carlo 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, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
P	March g Dmis, Sking st, Hr.	Board Mundon	2000 - 2010	↔
	associating meteral a chila Hugher Programs, oc	Sevetory	2009-2012	⊕
	H: Children's ? must fund	Chri	2010 - 20"	- D -
Che	ck 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 o	or outside of the S	State held during th	e disclosure period,	if the interest has a	value of \$10,000 or more.
						n need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF T MAP KEY NUMBER EXISTS)	
P	≥		
'			
	<u> </u>		
Chec	k here if entry is None	Check here if a	dditional sheets are attached
1 2-4 1-1	ITEM 7: INTERESTS IN REAL PROPERTY ACQ		
more. Rea	its in real property in or outside of the State acquired during at property that is your personal residence or the personal	ng the disclosure period, if the intere I residence of your spouse or depen	est has a value of \$10,000 or dent 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
F	6		
Chec	k here if entry is None	Check here if a	dditional sheets are attached
	EM 8: INTERESTS IN REAL PROPERTY TRANS		
or more, i listed.	its in real property in or outside of the State transferred di Real property that was your personal residence or the per	uning the disclosure period, if the inte sonal residence of your spouse or d	erest has a value of \$10,000 ependent children need not be
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
F	8		CONSIDERATION
	·		
Chec	k here if entry is None	Check here if a	dditional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

	E OF CLIENT	NA NA	ME OF STATE AGENCY		
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T76hadaba	a Mante la Nama				
Check her	e if entry is None	OR INTERES	Check	there if additional sheets	are attached
ist the amount alue of \$5,000	and identity of every creditor interes				erest has a
F,SP,DC,JT	NAME AND ADDRESS OF BUSIN	IESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
.6	8				
U					
			E		
				}	
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					}
Check her	re if entry is None		Check	here if additional sheets	are attached
and belief. If I orm to the be	ON: I hereby certify that the about have a spouse and/or dependent of my knowledge and belief. It as required by chanter 84. HR	nt children, I a understand t	also hereby certify that I h	ave included their intere e law, chapter 84, HRS,	sts on this if information
s not disclose	d as required by chapter 64, 1111			• •	
s not disclose	gnature Block		. (11	

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

NAME (Last, First, Middle):		Date R	leceived:
Fuddy, Loretta J state Position Held:	12 NAR -1	5 M1 :47	
Director DEPT/DIVISION or BOARD/COMMISSION: Hawaii State Department of Health TERM OF OFFICE (Begin/End): 2/2011 / current	STATE OF STATE ETHICS	HAWAII COMMISSION	
FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE IN USE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for ITEM 1: INCOME FOR SERVICES R List the source (the term "source" also includes any state or received during the preceding calendar year, for services ren	or dependent children, and "JT" ENDERED FOR PRECEDING other government agencies) and	for joint interests of the s NG CALENDAR YEAR d amount of all income of	pouse and filer.
F,SP,DC,JT NAME AND ADDRESS OF SOURCE OF II	NCOME AMOUNT	SERVICES RENDERE)
F State of Hawaii	\$99,837	Director Dept of H	ealth
Check here if entry is None	Che	ck here if additional she	ets are attached
ITEM 2: OWNERSHIP OR B List the amount and identity of every ownership or beneficial the State if the interest has a value of \$5,000 or more or is e	interest held during the disclosu	ure period in any busines:	s in or outside of
F,SP, DC,JT BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS NA	ATURE OF INTEREST	VALUE OR NO. OF SHARES
F None			

Check here if additional sheets are attached

Check here if entry is None

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.

	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING T PERIOD	HIS DISCLOSURE	DATE OF TRANSFER		
F	None				
Check	✓ 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.

Chec	Check here if entry is None Check here if additional sheets are attached			
F	Hawaii Federal Credit Union	\$98,000	\$96,000 \$98,000	
F	Bank of America	\$250,000		
F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT	AMOUNT OUTSTANDING	

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.

March of Dimes	Director	2040 2040	
Association of Maternal & Child Health Program	Secretary	2010-2013 2009-2012	0
Employee Union Trust Fund Water Use Commission	Trustee Commissioner	2011-2012 2011-2012	0
		Employee Union Trust Fund Trustee Water Use Commission Commissioner	Employee Union Trust Fund Water Use Commission Trustee Commissioner 2011-2012 2011-2012

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 prope	erty that is your personal residence or the personal reside	nce of your spouse or dependent ch	nildren need not be listed.
F,SP. DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF MAP KEY NUMBER EXISTS)	
F	1629 Waikahalulu Ln A211 Honolulu, Hi 96817		\$500,000
Char	k here if entry is None	Debagli bara is a	
CHEC			idditional sheets are attached
List intere	ITEM 7: INTERESTS IN REAL PROPERTY ACQ sts in real property in or outside of the State acquired duri al property that is your personal residence or the personal	ng the disclosure period, if the intere	est has a value of \$10,000 or
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)		NAME OF PERSON RECEIVING THE CONSIDERATION
F			
	k here if entry is None		dditional sheets are attached
List interes	TEM 8: INTERESTS IN REAL PROPERTY TRANS sts in real property in or outside of the State transferred de Real property that was your personal residence or the per	uring the disclosure period, if the int	erest has a value of \$10,000
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
F			
Chec	k here if entry Is None	Check here if a	dditional 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	
None		
	ì	
✓ Check here if entry is None	Check here if additional she	ets 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 noncomplianc

Signature Block

SIGNATURE