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

| NAME (Last, First, Middle): | Date Received: |
|---|---|
| Straney, Donald O. | '12 MAR -5 A11 :49 |
| STATE POSITION HELD: Chancellor, University of Hawai'i at Hilo | STATE OF HAWAII STATE ETHICS COMMISSION |
| DEPT/DIVISION or BOARD/COMMISSION: University of Hawai'i at Hilo | |
| TERM OF OFFICE (Begin/End): 07/01/ present | |

**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 Hawaii-University of Hawaii<br>2444 Dole Street<br>Honolulu, Hawaii 96822 | H | Administrative leadership |

☐ 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 |
|---|---|---|---|---|
| | | | | |

☑ 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, 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, DC,JT | NAME OF CREDITOR | ORIGINAL AMOUNT OWED | AMOUNT OUTSTANDING |
|---|---|---|---|
| F | Bank of Hawaii | H | H |

☐ **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 |
|---|---|---|---|---|
| F | Canada-France-Hawaii Telescope Corporation | Director | Nov. 2011 - Oct. 2013 | -0- |

☐ **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 |
|---|---|---|---|
| | | | |

☑ **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.

Donald A. Straney — 1 March 12

SIGNATURE — DATE