

HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER

Last Name Masagatani First Name Jobie M.I. M.K.

<p>FOR STATE EMPLOYEES</p> <p>Department _____</p> <p>Division _____</p> <p>Position _____</p>	<p>FOR STATE BOARD/COMMISSION MEMBERS</p> <p><u>Hawaiian Homes Commission</u> Board/Commission Name</p> <p>BEGIN _____ END _____ Term of Office (mm/dd/yyyy)</p> <p><u>5/16/2012</u> <u>12/31/2014</u></p>
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Check either number 1 or 2. If you check number 2, provide the relevant information.

1. I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.
2. I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING. For each addition, deletion, or other change of a financial interest: (1) Indicate who holds the interest, by checking one of the following: "Filer," if you hold the interest; "Spouse," if your spouse holds the interest; "Dependent Child," if your dependent child holds the interest; or "Jointly," if you and your spouse jointly hold the interest; (2) Check "Addition," to indicate the addition of an interest; "Deletion," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; (3) Describe the interest by following the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions." Also, provide the appropriate item number for the interest you are describing.

<p>Check One:</p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p style="text-align: center;"><u>Special Assistant</u> <u>Office of Hawaiian Affairs</u> <u>711 Kapiolani Blvd Ste 500, Hon. HI</u> <u>96813</u></p>
<p>Check One:</p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input checked="" type="checkbox"/> Change	<p>ITEM # <u>2</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p style="text-align: center;"><u>TIAA-CREF Mutual Funds</u> <u># of shares owned 9,217.</u></p>
<p>Check One:</p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input checked="" type="checkbox"/> Change	<p>ITEM # <u>4</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p style="text-align: center;"><u>First Hawaiian Bank</u> <u>Amount outstanding \$500.00</u></p>
<p>Check One:</p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p>

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STATE OF HAWAII
 STATE ETHICS COMMISSION
 '13 MAY 30 8:10

FILER Jobie MK Masagatani
 Print Name of Filer (First M.I. Last) Date (m/d/yyyy) 5/30/2013

CERTIFICATION: By checking this box, 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.