

HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER		
Horner	Donald	G
Last Name	First Name	M.I.
FOR STATE EMPLOYEES		FOR STATE BOARD/COMMISSION MEMBERS
Department		Board of Education Board/Commission Name
Division		02/15/2011 06/30/2014 BEGIN END <i>Term of Office (mm/dd/yyyy)</i>
Position		

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><u>Check One:</u></p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>5</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p>Haleakala Ranch Company, 529 Kealahoa Ave., Makawao, HI 96768 Director Term: Since 05/2012 Annual Compensation: C</p>
<p><u>Check One:</u></p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input checked="" type="checkbox"/> Change	<p>ITEM # <u>5</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p>Hawaii Visitors & Convention Bureau Title change from Chairman to Past Chairman Term: 1/1/13-12/31/14 Annual Compensation: -0-</p>
<p><u>Check One:</u></p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>5</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p>The Financial Services Roundtable Retired</p>
<p><u>Check One:</u></p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>5</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p>Hawaii Bankers Association Retired</p>

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STATE OF HAWAII
 STATE ETHICS COMMISSION
 '13 MAY 29 10:29

FILER



Print Name of Filer (First M.I. Last) **DONALD G. HORNER**

MAY 29 2013
Date (m/d/yyyy)

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.