HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

Nozoe Ronn K Last Name First Name M.I. FOR STATE EMPLOYEES FOR STATE BOARD/COMMISSION MEMBERS Education	FILER				
First Name		Ronn			K
Education Department Office of the Superintendent Division BEGIN END Term of Office (mm/dd/yyyy) 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 and amount of all income of \$1,000 or more received during the preceding calendar year for services rendered (INCLUDING INCOME EARNED FROM YOUR STATE POSITION), and the nature of the services rendered. F.SP. DC.JT NAME AND ADDRESS OF SOURCE OF INCOME F Hawaii State Department of Education 1390 Millier Street Honolulu, HI 96813 BOANDIT SERVICES RENDERED F Performance of duties as specified in job description of Deputy Superintendent, Hawaii State Department of Education 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 sequal to 10% or more of the ownership of the business. YOU ARE REQUIRED TO LIST ALL STOCKS, MUTUAL PUNDS OR OTHER NON-RETIREMENT INVESTMENT INTERESTS VALUED AT \$5,000 OR MORE. Please see institutions available at hits/hamailing-poletics. F.S.P. DC.JT BUSINESS NAME AND ADDRESS NATURE OF INTEREST VALUE OR NO. OF SHARES OF SHARES		_			
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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					
	ck here if entry is None	V. W. C. L. W. C. D. S. W. W. C. C. W.	Check here if additiona	TRANSFER		
▼ Che	ck here if entry is none	L	Check here if additiona	ii sneets 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 F, SP	Hawaii USA FCU		J	OUTSTANDING J		
F	American Savings Bank		В	A		
Che	ck here if entry is None		Check here if additiona	I 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		
20,01	The state of the s					
Che	ck here if entry is None	Г	Check here if additiona	I 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.

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F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER KEY NUMBER EXISTS)	(IF TAX MAP	VALUE
√ Che	ck here if entry is None	Chec	k here if additional	sheets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACQ its in real property in or outside of the State acquired during orty that is your personal residence or the personal residence	the disclosure period, if t	he interest has a value	e of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PEI	RSON RECEIVING ERATION
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√ Che	ck here if entry is None	Chec	k here if additional	sheets are attached
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS its in real property in or outside of the State transferred duri erty that was your personal residence or the personal residence.	ing the disclosure period,	if the interest has a va	lue of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECE		RSON FURNISHING ERATION
√ Che	ck here if entry is None	Chec	k 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		ME OF STATE AGENCY		
Check have if antonia Name				anto ava attached
Check here if entry is None				
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				
FILER				-
Ronn K Nozoe			05/30/2	2014
Type Name of Filer (First, M.I., Last)(Signature required on this line if you are filing a paper form) Date (m/d/yyyy)				
CERTIFICATION: By checking this box or signing your name on this form, you signify and affirm that				

CERTIFICATION: By checking this box or signing your name on this form, 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.