HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER						
Scheu	er	Jonathan				L
Last Nan	ne	First N			M.I.	
FOR ST	ATE EMPLOYEES		FOR STA	TE BOARD/CON	MISSIO	N MEMRERS
TOROT	ATE EINI EGTEEG			se Commission		NY MILMIDENO
Donartm	ont			nmission Name	ווע	
Departm	ent		07/14/2		06/20	/2016
District				014		/2016
Division			BEGIN Term of Of	fice (mm/dd/yyyy)	END	
			701111 01 01		,	
Position						
	OR EACH ITEM, EXCEPT ITEM 9, DISCLO ABBREVIATIONS: "F" for filer, "SP" for spous					
	ITEM 1: INCOME FOR SERV	ICES RENDER	ED FOR PRE	CEDING CALEND	AR YEAR	
	urce and amount of all income of \$1,000 or mEARNED FROM YOUR STATE POSITION), a				services re	endered (INCLUDING
F,SP,						
DC,JT	NAME OF EMPLOYER / OTHER SOURCE(S)	OF INCOME	AMOUNT	SERVICES REI	NDERED	
Che	ck here if entry is None		✓	Check here if ac	lditional s	sheets are attached
	ITEM 2: OWNERSHIP					
	nount and identity of every ownership or bene antitreest has a value of \$5,000 or more or is a					
LIST ALL S	STOCKS, MUTUAL FUNDS OR OTHER NON e instructions available at http://ethics.hawaii.	N-RETIREMENT				
	e instructions available at http://etincs.nawaii.t	<u>gov</u> .		T		
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	USINESS	NATURE OF INTER	REST	VALUE OR NO. OF SHARES
√ Che	ck here if entry is None	1	Г	Check here if ac	ditional s	heets are attached
1	•			_		

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 TR	RANSFERRED DURING THIS D	DISCLOSURE PERIOD	DATE OF TRANSFER
	ck here if entry is None		Check here if additiona	al sheets are attached
List the nar	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installme	ITEM 4: CREDITORS 000 or more was owed during nt transactions for the purchas	the disclosure period and the se of consumer goods.	original amount and
F,SP, DC,JT	NAME OF CREDITOR		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
	ck here if entry is None ITEM 5: OFFICER officership, directorship, trusteeship, or other	RSHIPS, DIRECTORSHIPS, fiduciary relationship held duri	TRUSTEESHIPS	
organizatio	n, the term of office, and the annual compens			T
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
Che	ck here if entry is None	Γ.	Check here if additions	al 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.

proporty un	arie yeur percenai reciaence er and percenai reciaence er	, our opouco or doportuoni orimare	on not be noted.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	(MAP VALUE
√ Che	ck here if entry is None	Check here	if additional sheets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACQ		
List interes Real prope	ts in real property in or outside of the State acquired during rty that is your personal residence or the personal residence	the disclosure period, if the inter- ce of your spouse or dependent of	rest has a value of \$10,000 or more. 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
√ Che	ck here if entry is None	Check here	if additional sheets are attached
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred duri rty that was your personal residence or the personal residence	ng the disclosure period, if the in	terest has a value 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 RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
√ Che	ck 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	NAN	ME OF STATE AGENCY			
Cha	al-hara if antino ia Nama		[/] Cha	alabana if a	alaliti a malaha	
Cne	ck here if entry is None					eets are attached
List the am	ITEM 10: CREDITOR Industrial and identity of every creditor interest in inscription.	INTEI olvent	RESTS IN INSOLVENT BU businesses, held during the	JSINESSES disclosure pe	riod, if the inte	erest has a value of
\$5,000 or 1	more.		-			T
F,SP, DC,JT	NAME OF BUSINESS		NATURE OF BUSINESS	NATURE O	F INTEREST	VALUE
,						
✓ Che	ck here if entry is None		Che	ck here if a	dditional she	eets are attached
FILER						
IILLIX						
Jonatl	han L Scheuer				9/8/201	4
Type Name of Filer (First, M.I., Last)(Signature required on this li		nis line if you are filing a pape	er form)	Date (m/d	/уууу)	
CE	RTIFICATION: By checking this box	or ci	anina vour name on t	hie form	ou cianify	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.

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM) Attached Pages for Scheuer, Jonathan, L.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
ADDITION C	F THE FOLLOWING		
F	National Park Service	E	Consulting: water policy
	DOI, NPS, WASO, WCP Contracting		
	PO Box 25287 MS WCP		
	Lakewood, CO 80235		
F	Department of Hawaiian Home Lands	E	Consulting: water policy
	91-5420 Kapolei Parkway		
	Kapolei, HI 96707		
F	Research Corp University of Hawaii	В	Employee: workshop facilitation
	John A Burns Hall, 4 th Floor		
	1601 East West Road		
	Honolulu, HI 96822		
F	William S. Richardson School of Law	В	Lecturer: conservation transactions
	University of Hawaii at Mānoa		
	2515 Dole Street		
	Honolulu, HI, 96822		
SP	Group 70 International, Inc.	E	Employee: planner
	925 Bethel St 5 th Floor		
	Honolulu, HI 96813		

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

NONE

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

NONE

ITEM 4: CREDITORS

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING		
UPDATE	UPDATED INFORMATION FOR THE FOLLOWING				
F	US Department of Education	D	С		
SP	Mohela	С	В		
JT	Chase Bank	1	I		
JT	Hawai`i State Federal Credit Union	F	F		

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Hawaiian Islands Land	Member, Board of	1/1/11 – present	0

Trust	Directors	
P.O. Box 965		
Wailuku, HI 9679	3	

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

NONE

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

NONE

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

NONE

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

NAME OF CLIENT	NAME OF STATE AGENCY
National Park Service	Commission on Water Resource Management
Department of Hawaiian Home Lands	Commission on Water Resource Management

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

NONE