HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER		•				
		Step		А		
Last Nam	Last Name First		Name		M.I.	
FOR ST	ATE EMPLOYEES		FOR STA	TE BOARD/COMMI	SSION MEMBERS	
Educa	tion (K-12)					
Departme	ent		Board/Com	nmission Name		
Division			BEGIN END			
Deputy	y Superintendent		Term of Office (mm/dd/yyyy)			
Position						
	PR EACH ITEM, EXCEPT ITEM 9, DISCLO					
	ITEM 1: INCOME FOR SERV	•		•	·	
	urce and amount of all income of \$1,000 or m	ore received dur	ing the preced	ling calendar year for serv		
F,SP,	ANNED TROM TOOK STATE TOOMON), a	and the nature of	The services is	endered.		
DC,JT	NAME OF EMPLOYER / OTHER SOURCE(S)) OF INCOME	AMOUNT	SERVICES RENDER	RED	
				7 0 11 11 11 11		
Che	ck here if entry is None		. ✓	Check here if addition	onal sheets are attached	
State if the LIST ALL S	ount and identity of every ownership or bene interest has a value of \$5,000 or more or is 6 STOCKS, MUTUAL FUNDS OR OTHER NON instructions available at					

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	Γ	Check here if additiona	I sheets are attached		
		ITEM 4: CREDITORS				
List the nar	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installmen	000 or more was owed during	the disclosure period and the disc of consumer goods.	original amount and		
F,SP, DC,JT	NAME OF CREDITOR	·	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING		
Cho	ok have if entry in None	Г	7 Check have if additions	Loboata are attached		
Check here if entry is None ✓ Check here if additional sheets are attached						
	officership, directorship, trusteeship, or other fin, the term of office, and the annual compens		ing the disclosure period in any	business or		
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 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 th	at is your personal residence or the personal residence of	your spouse or dependent childre	en need not be listed.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	VALUE
,			
Che	ck here if entry is None	✓ Check here	if additional sheets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACQ	UIRED, EXCLUDING PERSO	NAL RESIDENCE(S)
	ts in real property in or outside of the State acquired during rty that is your personal residence or the personal residence		
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	e if additional sheets are attached
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS		
	ts in real property in or outside of the State transferred dur rty that was your personal residence or the personal residence.		
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		NAME OF STATE AGENCY				
✓ Check here if entry is None		Check here if additional sheets are attached				
		RESTS IN INSOLVENT BU				
List the amount and identity of every creditor interest in \$5,000 or more.	insolvent	businesses, held during the	disclosure period, if the inte	rest has a value of		
F,SP, DC,JT NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE		
✓ Check here if entry is None Check here if additional sheets are attached						
FILER						
Stephen A Schatz 06/29/2015				2015		
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 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.

Check all that apply. - State Employee

Department Education (K-12)

Division

State Employee Position Deputy Superintendent

State Board or Commission Name

Term of Office Start

Term of Office End

Category 1: Income for services rendered for preceding calendar year Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Name of Employer/ Other source of income Department of Education State of Hawaii

Item #1 Compensation received F : At least \$100,000 but less than \$150,000

Item #1 Description of services rendered During 2014, I served as an assistant superintendent, directly reporting to the

Superintendent of Education

START Item #2 Who holds interest?

Item #2 Name of Employer/ Other source of income

Item #2 Compensation received

Item #2 Description of services rendered

START Item #3 Who holds interest?

Item #3 Name of Employer/ Other source of income

Item #3 Compensation received

Item #3 Description of services rendered

START Item #4 Who holds interest?

Item #4 Name of Employer/ Other source of income

Item #4 Compensation received

Item #4 Description of services rendered

START Item #5 Who holds interest?

Item #5 Name of Employer/ Other source of income

Item #5 Compensation received

Item #5 Description of services rendered

Category 2: Ownership or Beneficial Interests in Businesses None

START Item #1 Who holds interest?

Item #1 Legal name of business

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value of interest

Item #1 Number of Shares

START Item #2 Who holds interest?

Item #2 Legal name of business

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value of interest

Item #2 Number of Shares

START Item #3 Who holds interest?

Item #3 Legal name of business

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value of interest

Item #3 Number of Shares

START Item #4 Who holds interest?

Item #4 Legal name of business

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value of interest

Item #4 Number of Shares

START Item #5 Who holds interest?

Item #5 Legal name of business

Item #5 Nature of business

Item #5 Nature of interest

Item #5 Value of interest

Item #5 Number of Shares

START Item #1 Who holds interest?

Item #1 Ownership or beneficial interest transferred during this disclosure period

Item #1 Date of transfer

START Item #2 Who holds interest?

Item #2 Ownership or beneficial interest transferred during this disclosure period

Item #2 Date of transfer

START Item #3 Who holds interest?

Item #3 Ownership or beneficial interest transferred during this disclosure period

Item #3 Date of transfer

START Item #4 Who holds interest?

Item #4 Ownership or beneficial interest transferred during this disclosure period

Item #4 Date of transfer

START Item #5 Who holds interest?

Item #5 Ownership or beneficial interest transferred during this disclosure period

Item #5 Date of transfer

Category 4: Creditors Yes, I have items

START Item #1 Who holds interest? Joint

Item #1 Legal name of creditor Bank of Hawaii

Item #1 Original amount owed D : At least \$25,000 but less than \$50,000

Item #1 Amount outstanding C : At least \$10,000 but less than \$25,000

START Item #2 Who holds interest? Joint

Item #2 Legal name of creditor Bank of Hawaii

Item #2 Original amount owed G: At least \$150,000 but less than \$250,000

Item #2 Amount outstanding G: At least \$150,000 but less than \$250,000

START Item #3 Who holds interest? Joint

Item #3 Legal name of creditor PHH Mortgage

Item #3 Original amount owed G: At least \$150,000 but less than \$250,000

Item #3 Amount outstanding G: At least \$150,000 but less than \$250,000

START Item #4 Who holds interest? Joint

Item #4 Legal name of creditor Amerisave Mortgage

Item #4 Original amount owed I : At least \$500,000 but less than \$750,000

Item #4 Amount outstanding I : At least \$500,000 but less than \$750,000

START Item #5 Who holds interest? Joint

Item #5 Legal name of creditor American Express

Item #5 Original amount owed B: At least \$1,000 but less than \$10,000

Item #5 Amount outstanding B : At least \$1,000 but less than \$10,000

Category 5: Officerships, Directorships, Trusteeships None

START Item #1 Who holds interest?

Item #1 Legal name of entity

Item #1 Title held

Item #1 Term of Office

Item #1 Annual compensation

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Title held

Item #2 Term of Office

Item #2 Annual compensation

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Title held

Item #3 Term of Office

Item #3 Annual compensation

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Title held

Item #4 Term of Office

Item #4 Annual compensation

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Title held

Item #5 Term of Office

Item #5 Annual compensation

START Item #1 Who holds interest? Joint

Item #1 Street address 415 Halemaumau Street

Honolulu, Hawaii 96821

United States

Item #1 Tax Map Key

Item #1 Value K : At least \$1,000,000 or more START Item #2 Who holds interest? Joint Item #2 Street address 94-207 Paioa Place

Waipahu, HI9682 United States

Item #2 Tax Map Key

Item #2 Value H: At least \$250,000 but less than \$500,000

START Item #3 Who holds interest?

Item #3 Street address Item #3 Tax Map Key

Item #3 Value

START Item #4 Who holds interest?

Item #4 Street address Item #4 Tax Map Key

Item #4 Value

START Item #5 Who holds interest?

Item #5 Street address Item #5 Tax Map Key

Item #5 Value

Category 7: Interests in Real Property Acquired, excluding Personal Residence(s) Yes, I have items

START Item #1 Who holds interest? Joint

Item #1 Street address 94-207 Paioa Place

HI Waipahu, HI

United States

Item #1 Tax Map Key

Item #1 Amount of consideration paid H: At least \$250,000 but less than \$500,000

Item #1 Nature of consideration paid

Item #1 Legal name of person or entity receiving the consideration Stephen A Schatz

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration paid

Item #2 Nature of consideration paid

Item #2 Legal name of person or entity receiving the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration paid

Item #3 Nature of consideration paid

Item #3 Legal name of person or entity receiving the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration paid

Item #4 Nature of consideration paid

Item #4 Legal name of person or entity receiving the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration paid

Item #5 Nature of consideration paid

Item #5 Legal name of person or entity receiving the consideration

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration received

Item #1 Nature of consideration received

Item #1 Legal name of person or entity furnishing the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration received

Item #2 Nature of consideration received

Item #2 Legal name of person or entity furnishing the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration received

Item #3 Nature of consideration received

Item #3 Legal name of person or entity furnishing the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration received

Item #4 Nature of consideration received

Item #4 Legal name of person or entity furnishing the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration received

Item #5 Nature of consideration received

Item #5 Legal name of person or entity furnishing the consideration

Category 9: Clients Personally Represented before State Agencies None

START Item #1 Legal name of client

Item #1 Name of State Agency

START Item #2 Legal name of client

Item #2 Name of State Agency

START Item #3 Legal name of client

Item #3 Name of State Agency

START Item #4 Legal name of client

Item #4 Name of State Agency START Item #5 Legal name of client

START I Tem #5 Legal name of Ch

Item #5 Name of State Agency

Category 10: Creditor Interests in Insolvent Businesses None

START Item #1 Who holds interest?

Item #1 Legal name of entity

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Nature of business

Item #5 Nature of interest Item #5 Value

Upload your additional information

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. - I sign and affirm

Filer Name Stephen A Schatz