

## HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

**FILER**

Scheuer  
Last Name

Jonathan  
First Name

L  
M.I.

**FOR STATE EMPLOYEES**

Department

Division

Position

**FOR STATE BOARD/COMMISSION MEMBERS**

Land Use Commission

Board/Commission Name

07/14/2014

06/30/2016

**BEGIN**

**END**

*Term of Office (mm/dd/yyyy)*

**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>  <input checked="" type="checkbox"/> Filer  <input type="checkbox"/> Spouse  <input type="checkbox"/> Dependent Child  <input type="checkbox"/> Joint</p>	<p><u>Check One:</u>  <input type="checkbox"/> Addition  <input type="checkbox"/> Deletion  <input checked="" type="checkbox"/> Change</p>	<p>ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")            Source:            Department of Hawaiian Home Lands            91-5420 Kapolei Parkway            Kapolei, HI 96707             Amount: D</p>
<p><u>Check One:</u>  <input checked="" type="checkbox"/> Filer  <input type="checkbox"/> Spouse  <input type="checkbox"/> Dependent Child  <input type="checkbox"/> Joint</p>	<p><u>Check One:</u>  <input type="checkbox"/> Addition  <input checked="" type="checkbox"/> Deletion  <input type="checkbox"/> Change</p>	<p>ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")            Research Corp University of Hawaii            John A Burns Hall, 4th Floor            1601 East West Road            Honolulu, HI 96822</p>
<p><u>Check One:</u>  <input checked="" type="checkbox"/> Filer  <input type="checkbox"/> Spouse  <input type="checkbox"/> Dependent Child  <input type="checkbox"/> Joint</p>	<p><u>Check One:</u>  <input type="checkbox"/> Addition  <input checked="" type="checkbox"/> Deletion  <input type="checkbox"/> Change</p>	<p>ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")            William S. Richardson School of Law            University of Hawaii at Mnoa            2515 Dole Street            Honolulu, HI, 96822</p>
<p><u>Check One:</u>  <input type="checkbox"/> Filer  <input checked="" type="checkbox"/> Spouse  <input type="checkbox"/> Dependent Child  <input type="checkbox"/> Joint</p>	<p><u>Check One:</u>  <input type="checkbox"/> Addition  <input checked="" type="checkbox"/> Deletion  <input type="checkbox"/> Change</p>	<p>ITEM # <u>4</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")            Mohela</p>

<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
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<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")

**FILER**

Jonathan L Scheuer

05/28/2015

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

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.