

HAWAII STATE ETHICS COMMISSION

SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER		
Slom	Samuel (Sam)	M
Last Name	First Name	M.I.

FOR STATE EMPLOYEES	FOR STATE BOARD/COMMISSION MEMBERS
Legislature	Board/Commission Name
Department	11/03/2012 11/04/2016
Senate	BEGIN END
Division	<i>Term of Office (mm/dd/yyyy)</i>
State Senator (9th) - Minority Leader	
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>Check One:</p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p>Delete Dependent Child -- Now 21.</p>
<p>Check One:</p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p>Retired from Smart Business Hawaii -- November, 2014. No 2014 compensation.</p>
<p>Check One:</p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>2</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p>Sold 80 shares of Apple Computer stock (Net owned currently = 80) Sold 100 shares of Pepsico stock (Net owned currently = 50) Sold 100 shares of YUM Brands stock (Net owned currently = 0)</p>
<p>Check One:</p> <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</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>Officeships/Directorships: No longer an officer/director of either Small Business Hawaii Entrepreneurial Education Foundation or Smart Business Hawaii (SBH) -- retired in November, 2014 and both organizations dissolved in December, 2014.</p>

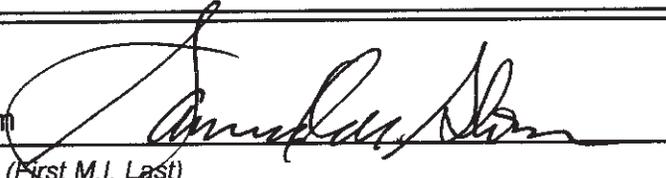
<u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM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

15 JAN 29 P 1:45

FILER

Samuel M. Slom



01/25/2015

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.