HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER							
Ornellas Jer			У	Louis			
Last Nan	ne	First	Name	M.I.			
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS				
Department			Board o				
			07/05/2010 07/05/2018				
Division			BEGIN END Term of Office (mm/dd/yyyy)				
Position							
	DR EACH ITEM, EXCEPT ITEM 9, DISC ABBREVIATIONS: "F" for filer, "SP" for spo						
	ITEM 1: INCOME FOR SER urce and amount of all income of \$1,000 or EARNED FROM YOUR STATE POSITION)	more received du	ring the preced	ing calendar year for services			
F,SP, DC,JT			AMOUNT	SERVICES RENDERED			
√ Che	ck here if entry is None			Check here if additional	sheets are attached		
	ITEM 2: OWNERSH	IIP OR BENEFIC	IAL INTERES	TS IN BUSINESSES			
State if the LIST ALL S	nount and identity of every ownership or be tinterest has a value of \$5,000 or more or i STOCKS, MUTUAL FUNDS OR OTHER N to instructions available at http://ethics.hawa	neficial interest he is equal to 10% or ON-RETIREMENT	ld during the dis more of the ow	sclosure period in any busines nership of the business. YOU	ARE REQUIRED TO		
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF E	BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES		
			<u></u>				
Check here if entry is None				Check here if additional	sheets are attached		

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					DATE OF TRANSFER		
		_						
✓ Che	ck here if entry is None		<u> </u>	Check here if additiona	al shee	ets 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, DC,JT	NAME OF CREDITOR			ORIGINAL AMOUNT OWED	AMO	UNT STANDING		
20,01	THE STATE OF STREET					0.7.1.12.1.10		
✓ Che	ck here if entry is None		<u> </u>	Check here if additiona	al shee	ets are attached		
		SHIPS, DIRECTORSHIPS,						
List every organization	officership, directorship, trusteeship, or other on, the term of office, and the annual compens	fiduciary relationship held duri sation.	ng tl	he disclosure period in an	y busir	ess or		
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TE	RM OF OFFICE	ANNI COM	JAL PENSATION		
			<u> </u>					
Check here if entry is None				Check here if addition:	al chad	te 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.

property tri	at is your personal residence of the personal residence of	your spouse or depe	ndent ciliure	in need not be it	316G.		
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUM KEY NUMBER EXIS		(MAP	VALUE		
Che	ck here if entry is None				heets are attached		
ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State acquired 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.							
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATUR CONSIDERATION F		NAME OF PER THE CONSIDE	SON RECEIVING RATION		
·	·						
✓ Che	ck here if entry is None		Check here	if additional s	sheets are attached		
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred dur try that was your personal residence or the personal residence.	ing the disclosure pe	riod, if the in	terest has a valu	ue of \$10,000 or more.		
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATUR CONSIDERATION F		NAME OF PER THE CONSIDE	SON FURNISHING RATION		
√ Che	ck here if entry is None		Check here	if additional s	heets 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 here if entry is None			Check here if additional sheets are attached					
ITEM 10: CREDITOR INT			RESTS IN INSOLVENT BU					
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 OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE			
✓ Check here if entry is None Check here if additional sheets are attached								
FILER								
Jerry Louis Ornellas 05/31/2016					2016			
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 Board/Commission Member

Department

Division

State Employee Position

State Board or Commission Name Board of Agriculture

Term of Office Start Jul 05, 2010

Term of Office End Jul 05, 2018

Category 1: Income for services rendered for preceding calendar year None

START Item #1 Who holds interest?

Item #1 Name of Employer/ Other source of income

Item #1 Compensation received

Item #1 Description of services rendered

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 Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Legal name of business Agland Management LLc

Item #1 Nature of business Farming

Item #1 Nature of interest Owner

Item #1 Value of interest D: At least \$25,000 but less than \$50,000

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

Category 3: Transfer of Ownership or Beneficial Interests in Businesses None

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 None

START Item #1 Who holds interest?

Item #1 Legal name of creditor

Item #1 Original amount owed

Item #1 Amount outstanding

START Item #2 Who holds interest?

Item #2 Legal name of creditor

Item #2 Original amount owed

Item #2 Amount outstanding

START Item #3 Who holds interest?

Item #3 Legal name of creditor

Item #3 Original amount owed

Item #3 Amount outstanding

START Item #4 Who holds interest?

Item #4 Legal name of creditor

Item #4 Original amount owed

Item #4 Amount outstanding

START Item #5 Who holds interest?

Item #5 Legal name of creditor

Item #5 Original amount owed

Item #5 Amount outstanding

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 6170 Hauiki Rd 0003

Kapaa, Hawaii Kapaa

United States

Item #1 Tax Map Key 4-6-007-005-0003

Item #1 Value H: At least \$250,000 but less than \$500,000

START Item #2 Who holds interest? Joint

Item #2 Street address 6170 Hauiki Rd 0004

Kapaa, Hawaii 96746

United States

Item #2 Tax Map Key 4-6-007-005-0004

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

START Item #3 Who holds interest? Joint Item #3 Street address 6170 Hauiki Rd 0005

Kapaa, Hawaii 96746

United States

Item #3 Tax Map Key 4-6-007-005-0005

Item #3 Value I: At least \$500,000 but less than \$750,000

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) None

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration paid

Item #1 Nature of consideration paid

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

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

Category 8: Interests in Real Property Transferred, excluding Personal Residence(s) None

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

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 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 Jerry Louis Ornellas