SEP 2 3 2014

LEGISLATIVE RESOURCE CENTER

2014 OCT - 1 PM 1: 23

OFFICE OF THE CLERK

FINANCIA	TATES HOUSE OF REPRESENTATIVES AL DISCLOSURE STATEMENT Bred: January 1, 2012 - OCTOBER 30, 2013	FORM B For use by candidates and new employees	Page 1 of 5								
Name: S	Ce										
Filer Status	Candidate for the House of Representatives District: ot District or employee Employing Office:	Date of Check if Election: 08/09/2014 Check if Amendment	(Office Use Only) A \$200 penalty shall be assessed against any individual who files more than 30 days late.								
PRELIMIN i. Did you or y fees) of \$200 c	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS 1. Did you or your spouse have "earned" income (e.g., salaries or reset) of filing in the current calendar year or in the prior type years? 1. Very company source in the reporting period? 1. No Tilly you hold any reportable positions on or before the date of filing in the current calendar year or in the prior type years? 1. Yes Tilly No Tilly years? 1. No Tilly years? 1. No Tilly years? 1. No Tilly years? 1. No Tilly years?										
II. Did you, you income of mon reportable ass	te and attach Schedule I. If spouse, or a dependent child receive "unearned" than \$200 in the reporting period or hold any to tworth more than \$1,000 at the end of the period? No le and attach Schedule II.	If yee, complete and attach Schedule IV. V. Did you have any reportable agreement or a with an outside entity? If yee, complete and attach Schedule V.	rrangement Yes No No								
able liability (m	or spouse, or a dependent child have any report- ore than \$10,000) during the reporting period? Ves No	VI. Did you receive compensation of more than a single source in the two prior years? If yee, complete and attach Schedule VI.	\$5,000 from Yes No No								
	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.										
EXCLUSI	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS										
	etails regarding "Qualified Blind Trusts" approved by the Committee of the you excluded from this report details of such a trust benefiting you		not be Yes No No								
	I—Have you excluded from this report any other assets, "unearned" meet all three tests for exemption? Do not answer "yes" unless you										

Name STANLEY CHANG	Page of

SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria) Current Year to Filing **Preceding Year** Selecy XYZ Corporation, Houston, TX \$8,300 First Bank & Trust, Houston, TX Director's Fee \$3,200 \$400 XYZ Trade Association, Chicago, N. (Rec'd December 2) \$1,000 Honorarium Harris County, Texas Public Schools Spouse Salary NA SALARY \$37,367.64 \$49,823.52 CITY & COUNTY OF HONOLULU, HONOLULU, HI

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Name STANLEY CHANG Page 3 of 5

the end of the reporting period, and (b) any other reportable seed or occurse of income which generated more than \$200 in humanized froome surface and colors and col	Chedule II — ASSETS AN				-	-	1N	-	_	•••		U		_																														-
Ideath value of seven sets for the investment or provincing in the receive sets assessing \$1.00% at the receive sets assessing \$1.00% at the receive sets assessing \$1.00% at the receive set as \$1.00% at the receive set assessing \$1.00% at the receive set as \$1.00% at \$1.00%	BLOCK A BLOCK B			Т	BLOCK C				Γ									i	BLC	Ж	D																							
al income with a late market values exceeding \$1,000 at the earl of the reporting provide, and (b) any other experting provide, and the earl of the reporting provide, and exceeding \$1,000 at the extending of the experting provides asset or sources of thoses which planning the experting provides asset or sources of thoses which planning the experting provides asset or sources of the experting provides asset or source of the experting provides asset the experting provides asset to the experting provide	Asset and/or Income Source	l			١	/alı	ue	of	As	30	t			1	Type of Income				Amount of Income																									
Provide complete names of acute and mutual turds (for not use taker exprisely). For all Rifa and other reference; prising (such and 6) in facility of the second first the such of the second first the second first the such of the second first t	of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated	re m	reporting year. If you use a valuation method other than fair market value, please specify the method used							1	retirement accounts that do not allow you to choose specific investments or that generate tex-				the check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, Interest,									of Bt,																				
For all RAs and other relievement planes (such as 4016) price price) priced for the value by each result of the second find experience (such as 4016) priced as complete address or a description, e.g., "This column is for assets solely held by your spouse or dependent child." This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent child. This column is for assets solely held by your spouse or dependent c	Provide complete names of stocks and mutual funds (do not use ticker symbols).													١	plan Tax	s or De	IFIA HOTTON	*), y	rou n Marre	n. D	chei Widi	x the	Income. Check "None" if no income was earned or generated.																					
Preceding Vear remains interest in a characteristic and the object and office the company of the	plans) provide the value for each asset held in the	be	'n	lone	e."									ı	lf r clos	oin od:	reet se in	ed.	mu ne. (st Xhee	№ *Т	dia lone	: :										9riv	ed	froi	m a	LSS6	ets	sok	ely	hek	ı by	/ yc	ur
that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclusion from personal methods, including second forms and vacation homes (unless these was rantal norms during the reporting personal methods), including a second forms and vacation homes (unless these was rantal norms during the reporting personal methods), including the reporting personal relevance (all personal per	provide a complete address or a description, e.g.,	5	yo	UT:	apo	USC	or	de	pen	den	ıt ci												L																					
Exclude: Your personal meliclence, including second fromtes and vesation homes (unless these was natial income during into reporting personal orbiciding or servings accounts, and early filterable interest in, or income derived from, a federal entirement program, including the Thrift Serving Plan. If you so choose, you may indicate that an asset or income derived from, a federal entirement program, including to nonnecourse is that of your spotuse (SP) or opposite the personal orbiciding or servings accounts, and early filterable interest in, or income derived from, a federal entirement program, including to nonnecourse is that of your spotuse (SP) or opposite in the personal orbitanian on the fetr late. If you so choose, you may indicate that an asset or income derived flow, a federal entirement program, including to nonnecourse is that of your spotuse (SP) or opposite in the personal orbitanian on the fetr late. If you so choose, you may indicate that an asset or nonnecourse is that of your spotuse (SP) or opposite in the personal orbitanian on the fetr late. If you so choose, you may indicate that an asset or nonnecourse is that of your spotuse (SP) or opposite in the personal orbitanian or the fetr late. If you so choose, you may indicate that an asset or nonnecourse is that of your spotuse (IT), in the optional column on the fetr late. If you so choose, you may indicate that an asset or nonnecourse is that of your spotuse (IT), in the optional column on the fetr late. If you so choose, you may indicate that an asset or nonnecourse is that of your spotuse (IT), in the optional column on the fetr late. If you so choose, you may indicate that an asset or nonnecourse is that of your spotuse (IT), in the optional column on the fetr late. If you condition is that of your spotuse (IT), in the optional column on the fet late. If you condition is that of your spotuse (IT), in the optional column on the fetr late. If you condition is the your spotuse (IT), your spotuse (IT), you condition is the your spotus	that is not publicly traded, state the name of the busi- ness, the nature of its activities, and its geographic	^	В	С	D	E	F	G	H	'	j	K	L	М									L	•	r	`						,	.			_	_	-	_	_	-,-	—	_	_
SP DC Examplese: SP Mega Corp. Stook	Exclude: Your personal residence, including second fromes and vecation bornes (unless there was rental income during the reporting period); any deposits total- ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal referement program, including													.000'000								Ē	ı		H	IV	٧	v V	AH M	n D	x		1	l	11	栩	₽	٧	VI	VIII	/HH C	K X	X	
SP Mage Corp. Stock	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the options column on the far left. For a detailed discussion of Schedule II requirements,		\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000		\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,0	NOWE	DAVIDENDS	HEINE	CADITAL DAME	CAPTION GAINS	TAX Desirates	Other Time of Income	(Specify: e.g., Partnership Incom		\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$10,000 - \$60,000	£100.001 - £100,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1	None	1 1	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000 6100 001 - 61 000 000	#1 000 001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000
JT	SP, SP Mega Corp. Stock	Г				X				1		7	1			†	T	T	+	1	1		T						\top	1	T	T	1	T	1	X			7	7	\top	+	†	T
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For additional assets and uncomed income, use next page.

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SCHEDULE III - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the belance at the close of the previous calendar year exceeded \$10,000.

							Amount of Liability								
SP, DC, JT		Creditor	Date Liability Incurred mo/year	Type of Liability	110,001— 116,000 ¥	815,001— 850,000 GB	C -000'00H	1100,001— 1250,000 U	250,001 m 800,000 m		G -100,000,14	E,000,0001— ES,000,000 H	125,000,001— 190,000,000 —	Over \$50,000,000 —	Spouse/DC Liability over 75 11,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Х							
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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
DIRECTOR	NATIONAL ASSOCIATION OF COUNTIES
SECRETARY	HAWAII STATE ASSOCIATION OF COUNTIES
DIRECTOR	WAIKIKI BUSINESS IMPROVEMENT DISTRICT ASSOCIATION
TRUSTEE	KAPIOLANI PARK TRUST
DIRECTOR	CENTER FOR ALTERNATIVE DISPUTE RESOLUTION

Use additional sheets if more space is required.

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SCHEDULE V -- AGREEMENTS

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identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.									
Date	Parties To Terms of Agreement								

SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

	Source (Name and Address)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting services
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