



FORM
D-103A
 (Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)
(PERSONAL INFORMATION ON THIS PAGE IS NOT AVAILABLE TO THE PUBLIC EXCEPT AS REQUIRED BY LAW)

FILER

Last Name _____ First Name _____ M.I. _____

PREVIOUSLY FILED UNDER DIFFERENT NAME _____
 (Last, First, M.I.)

SPOUSE/CIVIL UNION PARTNER

Last Name _____ First Name _____ M.I. _____

DEPENDENT CHILDREN

1. _____	3. _____
2. _____	4. _____

RESIDENCE ADDRESS

MAILING ADDRESS *(if different from Residence)*

Number and Street

Number and Street or P.O. Box

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

CONTACT INFORMATION

Residence Telephone _____ Business Telephone _____ Extension _____

Cellphone _____ Email Address _____

FOR STATE EMPLOYEES

Department _____

Division _____

Position _____

FOR STATE BOARD/COMMISSION MEMBERS

Board/Commission Name _____

BEGIN _____ **END** _____
Term of Office (mm/dd/yyyy)

HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER

Last Name First Name M.I.

FOR STATE EMPLOYEES

FOR STATE BOARD/COMMISSION MEMBERS

Department

Board/Commission Name

Division

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

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.

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

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

FILER

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.