

# HAWAII STATE ETHICS COMMISSION

## SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

**FILER**

Grune  
Last Name

Murray  
First Name

R  
M.I.

**FOR STATE EMPLOYEES**

Transportation  
Department  
Harbors  
Division  
Deputy Director  
Position

**FOR STATE BOARD/COMMISSION MEMBERS**

Board/Commission Name  
12/20/2010                      12/01/2014  
**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></p> <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input checked="" type="checkbox"/> Change	<p>ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p>SP  Wiss, Janney, Elstner Associates, Inc.  1441, Kapiolani Blvd.  Honolulu, HI 96814  Amount: E                      Services Rendered: Employment</p>
<p><u>Check One:</u></p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p>
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STATE OF HAWAII  
 STATE ETHICS COMMISSION  
 13 MAY 15 P 1:43

**FILER**

*T Bone*

5.13.13

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.