HAWAII STATE ETHICS COMMISSION
SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER

Last Name	First Name	M.I.
Kobayashi,	Bertrand	Y.

FOR STATE EMPLOYEES	**FOR STATE BOARD/COMMISSION MEMBERS**
Department: State Legislature	Board/Commission Name
Division: House of Representatives	**BEGIN** **END** *Term of Office (mm/dd/yyyy)*
Position: State Representative	

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.

Check One:	Check One:	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
☑ Filer ☐ Spouse ☐ Dependent Child ☐ Joint	☑ Addition ☐ Deletion ☐ Change	ITEM # 1 State House of Representatives State Capitol Honolulu, HI 96813 services rendered: State Representative D
☐ Filer ☐ Spouse ☐ Dependent Child ☑ Joint	☑ Addition ☐ Deletion ☐ Change	ITEM # 2 American Balanced A MF - mutual fund - shareholder B Aquila Hew'n Tax Free Tr A - " " " B Niclolas Fund - " " " C Western Asset Managed Muni A - " " " E
☑ Filer ☐ Spouse ☐ Dependent Child ☐ Joint	☐ Addition ☐ Deletion ☑ Change	ITEM # 5 Hawaii Fukuoka Kenjin Kai - change from President to Director (Bd. of Directors) 1/12 to 1/13 - compens. United Japanese Society of Hawaii - 7/12 to 7/13 " "
☐ Filer ☐ Spouse ☐ Dependent Child ☐ Joint	☐ Addition ☐ Deletion ☐ Change	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")

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

STATE OF HAWAII
STATE ETHICS COMMISSION
'13 MAY 31 P1:3

FILER Bertrand Y. Kobayashi. 5/31/2013

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.