HAWAII STATE ETHICS COMMISSION
SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER

Apo	Peter	K
Last Name	First Name	M.I.

FOR STATE EMPLOYEES	**FOR STATE BOARD/COMMISSION MEMBERS**
OFFICE HAWAIIAN AFFAIRS Department	OFFICE HAWAIIAN AFFAIRS Board/Commission Name
BOARD OF TRUSTEES Division	11/01/2010 **BEGIN** 10/31/2014 **END** *Term of Office (mm/dd/yyyy)*
TRUSTEE 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.

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	
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	
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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STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

Peter K. Apo

Print Name of Filer *(First M.I. Last)*

6/4/2013

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.