## HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER						
Thielen Lau		ıra	Н			
Last Name Firs		First	Name	M.I.		
FOR STATE EMPLO	YEES		FOR STATE BOARD/COMMISSION ME	MBERS		
Legislature						
Department			Board/Commission Name			
Senate						
Division			BEGIN END			
Senator			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.						
Check One:  ✓ Filer  Spouse  Dependent Child  Joint	Check One: Addition Deletion Change	ITEM #1 (Follow	the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure	: Instructions.")		
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM #(Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Income to: JT Source: dba Lilinoe Orchard Amount: B Services Rendered: Sale of fruit and vegetables				
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM # (Follow	the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure	: Instructions.")		
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM # (Follow	the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure	Instructions.")		

Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM #	(Follow the "ITEM BY ITEM INSTRUCTIONS" in the	"Short Form Disclosure Instructions.")
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM #	(Follow the "ITEM BY ITEM INSTRUCTIONS" in the	"Short Form Disclosure Instructions.")
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")		
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM #	(Follow the "ITEM BY ITEM INSTRUCTIONS" in the	"Short Form Disclosure Instructions.")
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM#_	(Follow the "ITEM BY ITEM INSTRUCTIONS" in the	"Short Form Disclosure Instructions.")
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM #	(Follow the "ITEM BY ITEM INSTRUCTIONS" in the	"Short Form Disclosure Instructions.")
FILER				
Laura H. Thieler		1/24/2015		
Print Name of Filer (	Date (m/d/yyyy)			
appears as the " the best of your	Filer" above a knowledge an	nd the informated belief. You	u signify and affirm that you are to ation contained in the form is true further certify that you understar required by Hawaii law.	e, correct and complete to