HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER						
Mizuno		Joh	n	М		
Last Name		First	Name	M.I.		
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEM	/IBERS		
Legislature						
Department			Board/Commission Name			
House of Representatives						
Division			BEGIN END Term of Office (mm/dd/yyyy)			
Representative			reim of emec (min/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 #4(Follow Leahi Federal Cre 3675 Kilauea Ave Honolulu, HI 9681	enue			
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FILER				
John M. Mizuno		1/26/2015		
Print Name of Filer (Date (m/d/yyyy)		
appears as the " the best of your	Filer" above a knowledge an	nd the informa d belief. You	u signify and affirm that you are t ation contained in the form is true further certify that you understar required by Hawaii law.	e, correct and complete to