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

FILER				
		MES	К	
Last Name		First	First Name	
FOR STATE EMPLOYEES HAWAII STATE LEGISLATURE Department HOUSE OF REPRESENTATIVES Division REPRESENTATIVE - DISTRICT 15 Position		FOR STATE BOARD/COMMISSI Board/Commission Name	ON MEMBERS	
		-	BEGIN END Term of Office (mm/dd/yyyy)	
	-	check number 2,   REPORT SINCE MY	provide the relevant information.	
2. I HAVE THE or other change hold the interest or "Jointly," if yo "Deletion," to ind interest by follow	FOLLOWING C of a financial inter ; "Spouse," if your u and your spouse dicate the deletion ving the "ITEM BY	CHANGES TO REP est: (1) Indicate who ho spouse holds the interest of an interest; or "Chan	ORT SINCE MY LAST FILING. For e Ids the interest, by checking one of the folle est; "Dependent Child," if your dependent cl ;; (2) Check "Addition," to indicate the addit ge," to indicate any other change of an inte " in the "Short Form Disclosure Instructions"	owing: "Filer," if you hild holds the interest; ion of an interest; erest; (3) Describe the
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Check One: Filer Spouse Dependent Child	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	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.")
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Check One: Filer Spouse Dependent Child	Check One: Addition Deletion Change	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")

## FILER

JAMES K. TOKIOKA

01/27/2015 Date (m/d/yyyy)

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

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.