HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER						
English J. k			Kalani			
Last Name First			Name	M.I.		
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION ME	MBERS		
Legislature						
Department			Board/Commission Name			
The Senate						
Division			BEGIN END Term of Office (mm/dd/yyyy)			
Senator			Term of Office (minirad/yyyy)			
Position						
	-		provide the relevant information.			
1. I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.						
or other change hold the interest; or "Jointly," if you "Deletion," to ind interest by follow	of a financial inter "Spouse," if your and your spouse icate the deletion ring the "ITEM BY	est: (1) Indicate who ho spouse holds the interes jointly hold the interest of an interest; or "Chan	ORT SINCE MY LAST FILING. For each add lds the interest, by checking one of the following: "Fest; "Dependent Child," if your dependent child holds; (2) Check "Addition," to indicate the addition of an ge," to indicate any other change of an interest; (3) " in the "Short Form Disclosure Instructions." Also, g.	Filer," if you s the interest; interest; Describe the		
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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FILER					
J. Kalani English	28 January 2015				
Print Name of Filer (Date (m/d/yyyy)				
appears as the "	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	