HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER							
Gabbard G		Gei	rald	M			
Last Name Firs		First	Name	M.I.			
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION ME	MBERS			
State Legislature							
Department			Board/Commission Name				
State 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 #6_ (Follow Naumati, Tafuna Tutuila, Am. Sam					
Check One: ✓ Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM #					
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 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 Joint	Check One: Addition Deletion Change	ITEM #	(Follow the "ITEM BY ITEM INSTRUCTIONS" in the	"Short Form Disclosure Instructions.")	
FILER					
Gerald M Gabba	1/28/2015				
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	