HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER HASHEM		NΛΔ	R <i>K</i>	1
Last Name		MARK First Name		M.I.
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION N	
STATE LEGISLATURE				
Department			Board/Commission Name	
HOUSE OF REF	PRESENTAT	ΓIVE		
Division			BEGIN END	
REPRESENTATIVE			Term of Office (mm/dd/yyyy)	
Position				
Position				
	•		provide the relevant information.	
1. I HAVE NO C	HANGES TO F	REPORT SINCE MY	ZLAST FILING.	
or other change hold the interest or "Jointly," if you "Deletion," to indinterest by follow	of a financial inter "Spouse," if your a and your spouse licate the deletion ving the "ITEM BY	est: (1) Indicate who ho spouse holds the interest jointly hold the interest of an interest; or "Chan	ORT SINCE MY LAST FILING. For each a plds the interest, by checking one of the following set; "Dependent Child," if your dependent child he c; (2) Check "Addition," to indicate the addition of ge," to indicate any other change of an interest; (2" in the "Short Form Disclosure Instructions." Als g.	: "Filer," if you olds the interest; an interest; (3) 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 Disclo	sure Instructions.")
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FILER				
MARK J HASHE	2/1/2015			
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 t ation contained in the form is true further certify that you understar required by Hawaii law.	e, correct and complete to