HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER						
Fukumoto Chang		Beth		K		
Last Name First		Name	M.I.			
FOR STATE EMPLOYEES Hawaii State Legislature			FOR STATE BOARD/COMMISSION MEMBERS			
Department			Board/Commission Name			
House of Repres	sentatives					
Division			BEGIN END			
Representative			Term of Office (mm/dd/yyyy)			
Position						
Check either numbe	r 1 or 2. If you	check number 2, _I	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 intere jointly hold the interest of an interest; or "Chan	DRT SINCE MY LAST FILING. For each addit lds the interest, by checking one of the following: "Filest; "Dependent Child," if your dependent child holds; (2) Check "Addition," to indicate the addition of an inge," to indicate any other change of an interest; (3) E in the "Short Form Disclosure Instructions." Also, p. g.	ler," if you the interest; nterest; Describe the		
Check One: Filer ✓ Spouse Dependent Child Joint	Check One: Addition ✓ Deletion Change	Deletion of "Board Term: 2011-2013 Deletion of "State	EM # 5 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") eletion of "Board Member of Builder Industry Association of Hawaii, erm: 2011-2013, No Annual Compensation" eletion of "State Chairman of Hawaii Republican Party, Term: 011-2014, No Annual Compensation"			
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						
Beth K Fukumot	2-2-2015					
Print Name of Filer (Date (m/d/yyyy)					
✓ 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.						