HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER					
Kobayashi		Ber	trand	Yoshit	
Last Name		First	Name	M.I.	
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION	MEMBERS	
Legislature Department			Board/Commission Name		
House of Representatives					
Division			BEGIN END		
State Representative			Term of Office (mm/dd/yyyy)		
Position					
Check either number	er 1 or 2. If you	check number 2, ¡	provide the relevant information.		
1. I HAVE NO C	HANGES TO F	REPORT SINCE MY	LAST FILING.		
or other change hold the interest or "Jointly," if you "Deletion," to incide interest by follow	of a financial inter; "Spouse," if your u and your spouse licate the deletion ving the "ITEM BY	est: (1) Indicate who ho spouse holds the interest e jointly hold the interest of an interest; or "Chan	DRT SINCE MY LAST FILING. For each lds the interest, by checking one of the following st; "Dependent Child," if your dependent child he; (2) Check "Addition," to indicate the addition of ge," to indicate any other change of an interest; " in the "Short Form Disclosure Instructions." Alg.	g: "Filer," if you nolds the interest; of 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 Disci	losure Instructions.")	
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FILER				
Bertrand Yoshito	05/19/2015			
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