## HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER					
Saiki		Sco	ott	Scott	
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   Term of Office (mm/dd/yyyy)		
Legislator			rom or omes (mm, ad, yyyy)		
Position					
_	•	· ·	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 ind interest by follow	of a financial inter "Spouse," if your a and your spouse icate the deletion ing 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 additio lds the interest, by checking one of the following: "Filer st; "Dependent Child," if your dependent child holds th; (2) Check "Addition," to indicate the addition of an int ge," to indicate any other change of an interest; (3) De " in the "Short Form Disclosure Instructions." Also, prog.	r," if you le interest; erest; scribe the	
Check One:  ✓ Filer  Spouse  Dependent Child  Joint	Check One: Addition Deletion Change	ITEM # 2 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Saiki Law LLLC P.O. Box 12022 Honolulu HI 96828			
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM # (Follow	the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Ins	tructions.")	
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FILER				
Scott K Saiki	05/29/2015			
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 tru- further certify that you understar required by Hawaii law.	e, correct and complete to