HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER						
Fukumoto,		Ror	Rona			
Last Name Firs		First	Name	M.I.		
FOR STATE EMPLOYEES Department			FOR STATE BOARD/COMMISSION MEMBERS HHFDC Board/Commission Name			
Division			07/24/2014 BEGIN Term of Office (mm/dd/yyyy)	06/30/2017 END		
Position						
Check either numbe	r 1 or 2. If you	check number 2. r	provide the relevant inform	ation.		
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 # (Follow	the "ITEM BY ITEM INSTRUCTIONS" in the	"Short Form Disclosure Instructions.")		
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FILER				
Rona S.Y. Fuku	05/29/2017			
Print Name of Filer (Date (m/d/yyyy)			
appears as the " the best of your	Filer" above a knowledge an	nd the informated displayed the desired th	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