HAWAII STATE ETHICS COMMISSION
SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER

Last Name Green First Name Joshua B. M.I.

FOR STATE EMPLOYEES	**FOR STATE BOARD/COMMISSION MEMBERS**
Department Hawaii State Senate	Board/Commission Name
Division 3rd District	**BEGIN** **END** *Term of Office (mm/dd/yyyy)*
Position State Senator	

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:	Check One:	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
☑ Filer ☐ Spouse ☐ Dependent Child ☐ Joint	☐ Addition ☑ Deletion ☐ Change	1 Deleted: Alere 51 Sawyer Rd #200 Waltham
☐ Filer ☐ Spouse ☐ Dependent Child ☐ Joint	☐ Addition ☐ Deletion ☐ Change	Note: I continue my 3 previously filed positions, State Senate, Kohala Hospital & Hawaii IPA with no changes.
☐ Filer ☐ Spouse ☐ Dependent Child ☐ Joint	☐ Addition ☐ Deletion ☐ Change	
☐ Filer ☐ Spouse ☐ Dependent Child ☐ Joint	☐ Addition ☐ Deletion ☐ Change	

Check One:	Check One:	ITEM #_____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
☐ Filer ☐ Spouse ☐ Dependent Child ☐ Joint	☐ Addition ☐ Deletion ☐ Change	
Check One:	Check One:	ITEM #_____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
☐ Filer ☐ Spouse ☐ Dependent Child ☐ Joint	☐ Addition ☐ Deletion ☐ Change	
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☐ Filer ☐ Spouse ☐ Dependent Child ☐ Joint	☐ Addition ☐ Deletion ☐ Change	

FILER

Joshua B. Green — 1/26/15

Print Name of Filer *(First M.I. Last)* — 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.