



FORM
D-103A
(Rev. 5/2013)

Hawaii State Ethics Commission Received
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HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)
(PERSONAL INFORMATION ON THIS PAGE IS NOT AVAILABLE TO THE PUBLIC EXCEPT AS REQUIRED BY LAW)

FILER

Matsumoto Lauren Kealof
Last Name First Name M.I.

PREVIOUSLY FILED UNDER DIFFERENT NAME _____
(Last, First, M.I.)

SPOUSE/CIVIL UNION PARTNER

Matsumoto Scott
Last Name First Name M.I.

DEPENDENT CHILDREN

1. 3.
2. 4.

RESIDENCE ADDRESS

95-511 Awiki St

Number and Street

Mililani HI 96789
City State Zip Code

MAILING ADDRESS *(if different from Residence)*

Number and Street or P.O. Box

City State Zip Code

CONTACT INFORMATION

8083587816 8085869490
Residence Telephone Business Telephone Extension
repmatsumoto@captiol.hawaii.gov
Cellphone Email Address

FOR STATE EMPLOYEES

Legislature
Department
Division
State House Representative
Position

FOR STATE BOARD/COMMISSION MEMBERS

Board/Commission Name
BEGIN **END**
Term of Office (mm/dd/yyyy)

HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER

Matsumoto
Last Name

Lauren
First Name

Laurer
M.I.

FOR STATE EMPLOYEES

Legislature
Department

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Position

FOR STATE BOARD/COMMISSION MEMBERS

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BEGIN **END**
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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.

<p><u>Check One:</u></p> <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p> <p>1. Service Rendered Part Time Employment - Aulani Resort - Aunty's Beach House Child Care, C</p> <p>2. Service Rendered Part Time Employment - Makai Creative - Wedding Videographer, B</p>
<p><u>Check One:</u></p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p>
<p><u>Check One:</u></p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p><u>Check One:</u></p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p>
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FILER

Lauren Kealohilani Matsumoto

02/03/2016

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.