HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER					
Ito		Ker	nneth	Kenne	
Last Name		First Name		M.I.	
FOR STATE EMPLOYEES Legislature Department			FOR STATE BOARD/COMMISSION MEMBERS Board/Commission Name		
House of Repres Division Representative Position	sentatives		BEGIN END Term of Office (mm/dd/yyyy)		
	-	check number 2, p	provide the relevant information. / LAST FILING.		
or other change hold the interest or "Jointly," if yo "Deletion," to ind interest by follow	of a financial inter ; "Spouse," if your u and your spouse dicate the deletion ving the "ITEM BY	est: (1) Indicate who ho spouse holds the interest jointly hold the interest of an interest; or "Chan	ORT SINCE MY LAST FILING. For early blds the interest, by checking one of the follow est; "Dependent Child," if your dependent child; (2) Check "Addition," to indicate the addition ge," to indicate any other change of an interest in the "Short Form Disclosure Instructions." g.	wing: "Filer," if you ld holds the interest; n of an interest; est; (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 D	Disclosure Instructions.")	
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FILER				
Kenneth Toyohi	01/09/2017			
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 true further certify that you understar required by Hawaii law.	e, correct and complete to