HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER						
Taniguchi Bria			Brian			
Last Name First			Name	M.I.		
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEM	BERS		
Legislature						
Department			Board/Commission Name			
Senate						
Division			BEGIN END Term of Office (mm/dd/yyyy)			
Senator			renn or onice (miniraaryyyy)			
Position						
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.						
or other change hold the interest; or "Jointly," if you "Deletion," to ind interest by follow	of a financial inter "Spouse," if your and your spouse icate the deletion ring 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 each additional distribution on the following: "File set; "Dependent Child," if your dependent child holds the context of the	er," if you ne interest; terest; escribe the		
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM # (Follow	the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure In:	structions.")		
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FILER				
Brian Tetsuji Ta	01/20/2017			
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