HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER					
9		Kalani	J. Kala		
Last Name		First	Name	M.I.	
FOR STATE EMPLO	YEES		FOR STATE BOARD/COMMISSION IN	/IEMBERS	
Legislature Department The Senate			Board/Commission Name		
Division			BEGIN END		
Senator			Term of Office (mm/dd/yyyy)		
Position					
Chack sither number	or 1 or 2 If you	shock number 2	provide the relevant information.		
_	•	REPORT SINCE MY			
or other change hold the interest or "Jointly," if you "Deletion," to incide interest by follow	of a financial inter ; "Spouse," if your u and your spouse licate 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 each a lds the interest, by checking one of the following set; "Dependent Child," if your dependent child he; (2) Check "Addition," to indicate the addition of ge," to indicate any other change of an interest; (3) in the "Short Form Disclosure Instructions." Als g.	: "Filer," if you olds the interest; an interest; (3) Describe the	
Check One: ✓ Filer Spouse Dependent Child Joint	Check One: ✓ Addition Deletion Change	Kamehameha Fe 1620 N School St Honolulu, HI 9681	TEM # 4 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") amehameha Federal Credit Union 620 N School St #116 Ionolulu, HI 96817 Tinancial Amount Code: C		
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM # (Follow	the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclo	sure Instructions.")	
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FILER					
J. Kalani English	01/25/2017				
Print Name of Filer (Date (m/d/yyyy)				
appears as the " the best of your	Filer" above a knowledge an	nd the informa d belief. You	i signify and affirm that you are to ation contained in the form is true further certify that you understar required by Hawaii law.	e, correct and complete to	