## HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER				
Say		Cal	vin	Calvin
Last Name		First	irst Name M.	
FOR STATE EMPLOYEES Legislature Department			FOR STATE BOARD/COMMISSION MEMBERS  Board/Commission Name	
House of Representatives  Division  State Representative - Speaker Emeritus  Position			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 each lds the interest, by checking one of the following st; "Dependent Child," if your dependent child; (2) Check "Addition," to indicate the addition of ge," to indicate any other change of an interest in the "Short Form Disclosure Instructions." Ag.	ng: "Filer," if you holds the interest; of an interest; t; (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 Disc	closure Instructions.")
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FILER				
Calvin K.Y. Say	01/26/2017			
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	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