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

FILER		Dve	an an	Dyon		
Yamane Last Name		Ryan First Name		Ryan <sub>M.I.</sub>		
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS			
Legislature						
Department			Board/Commission Name			
Hawaii House of Representatives						
Division			BEGIN END   Term of Office (mm/dd/yyyy)			
State Representative, District #37			renn or onice (minirad/yyyy)			
Position						
	-	· ·	provide the relevant information.			
1. 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 addition lds the interest, by checking one of the following: "Filest; "Dependent Child," if your dependent child holds the st; (2) Check "Addition," to indicate the addition of an interest; (3) Dec." in the "Short Form Disclosure Instructions." Also, prog.	er," if you he interest; iterest; escribe the		
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM #1 (Follow	the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure In	structions.")		
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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Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM #	(Follow the "ITEM BY ITEM INSTRUCTIONS" in the	"Short Form Disclosure Instructions.")		
FILER						
Ryan I Yamane	01/30/2017					
Print Name of Filer (	Date (m/d/yyyy)					
✓ <b>CERTIFICATION:</b> 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.						