HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER KEITH-AGARAN Last Name	GILBERT First Name	GILBE M.I.
FOR STATE EMPLOYEES Legislature Department STATE SENATE Division STATE SENATOR Position	FOR STATE BOARD/CON Board/Commission Name BEGIN Term of Office (mm/dd/yyyy)	END

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.

2. I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING. For each addition, deletion, or other change of a financial interest: (1) Indicate who holds the interest, by checking one of the following: "Filer," if you hold the interest; "Spouse," if your spouse holds the interest; "Dependent Child," if your dependent child holds the interest; or "Jointly," if you and your spouse jointly hold the interest; (2) Check "Addition," to indicate the addition of an interest; "Deletion," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; (3) Describe the interest by following the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions." Also, provide the appropriate item number for the interest you are describing.

Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion	ITEM # 2 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") POLARIS PLATINUM II REWARDS VARIABLE ANNUITY MUTUAL FUND STOCK
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion ✓ Change	ITEM # 3 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") POLARIS PLATINUM II REWARDS VARIABLE ANNUITY FUNDS WITHDRAWN 10/3/2016
Check One: Filer Spouse Dependent Child Joint	Check One: Addition ✓ Deletion Change	ITEM # 4 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") VALLEY ISLE COMMUNITY FEDERAL CREDIT UNION
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM # 9 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") REPRESENTATION COMPLETED: DAGG, LLC MAUI RECOVERY, LLC TRIBECCA, LLC

Check One: ✓ Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM # 9 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") MAUI INNOVATION GROUP, INC. BUSINESS REGISTRATION/DCCA MAUI OCEANVIEW, LP. STATE LAND USE COMMISSION; OFFICE OF PLANNING
Check One: Filer Spouse Dependent Child	Check One: Addition Deletion Change	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
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FILER

GILBERT SC KEITH-AGARAN

Print Name of Filer (First M.I. Last)

CERTIFICATION: 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.

01/30/2017

Date (m/d/yyyy)