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

FILER					
WARD		GENE		GENE	
Last Name		First	Name	M.I.	
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION I	<b>MEMBERS</b>	
Legislature					
Department			Board/Commission Name		
House of Representatives			DECIN FND		
Division			BEGIN END Term of Office (mm/dd/yyyy)		
Representative					
Position					
Check either number	er 1 or 2. If you	check number 2, p	provide the relevant information.		
1. I HAVE NO C	HANGES TO F	REPORT SINCE MY	LAST FILING.		
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 dicate the deletion ving the "ITEM BY	est: (1) Indicate who ho spouse holds the interest e jointly hold the interest of an interest; or "Chan	DRT SINCE MY LAST FILING. For each a lds the interest, by checking one of the following st; "Dependent Child," if your dependent child he (2) Check "Addition," to indicate the addition of ge," to indicate any other change of an interest; in the "Short Form Disclosure Instructions." Als g.	g: "Filer," if you olds the interest; an interest; (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 Disclo	osure Instructions.")	
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FILER				
Gene R Ward	01/31/2017			
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