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

FILER	
Maile Ro	dney Rodne
Last Name First	Name M.I.
FOR STATE EMPLOYEES Judiciary	FOR STATE BOARD/COMMISSION MEMBERS
Department Office of the Administrative Director of the (	Board/Commission Name
Division Administrative Director of the Courts Position	BEGIN END Term of Office (mm/dd/yyyy)

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	Check One: Addition Deletion Change	ITEM # (Follow the "I	TEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM # (Follow the "I	TEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
Check One:	Check One:	ITEM # (Follow the "I	TEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
Filer Spouse Dependent Child Joint	Addition Deletion Change		

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.")
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Check One: Filer Spouse Dependent Child	Check One: Addition Deletion Change	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
Check One: Filer Spouse Dependent Child	Check One: Addition Deletion Change	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
Check One: Filer Spouse Dependent Child	Check One: Addition Deletion Change	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
Check One: Filer Spouse Dependent Child	Check One: Addition Deletion Change	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")

## FILER

Rodney Allan Maile

03/15/2017 Date (m/d/yyyy)

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.