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

FILER Ward		Ger	ne	Gene
Last Name		First Name		M.I.
FOR STATE EMPLO Legislature Department House of Repres Division State Representa	sentatives		FOR STATE BOARD/COMMISSION MEMBERS  Board/Commission Name  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 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	DRT SINCE MY LAST FILING. For each addition that interest, by checking one of the following: "Filest; "Dependent Child," if your dependent child holds it; (2) Check "Addition," to indicate the addition of an inge," to indicate any other change of an interest; (3) D in the "Short Form Disclosure Instructions." Also, prog.	er," if you the interest; nterest; escribe the
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	nstructions.")
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FILER				
Gene R Ward	05/09/2017			
Print Name of Filer (	Date (m/d/yyyy)			
appears as the " the best of your	Filer" above a knowledge an	nd the informated belief. You	u signify and affirm that you are t ation contained in the form is tru- further certify that you understar required by Hawaii law.	e, correct and complete to