HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER				
Sniffen Edv			Edwin	
Last Name Firs		t Name M.I.		
FOR STATE EMPLOYEES Transportation Department Highways Division Deputy Director Position Check either number 1 or 2. If you check number 2,			Begin END Term of Office (mm/dd/yyyy)	
	-	REPORT SINCE MY		
or other change hold the interest; or "Jointly," if you "Deletion," to ind interest by follow	of a financial inter "Spouse," if your a and your spouse licate the deletion ving 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 addit alds the interest, by checking one of the following: "Fi set; "Dependent Child," if your dependent child holds ;; (2) Check "Addition," to indicate the addition of an i ge," to indicate any other change of an interest; (3) E in the "Short Form Disclosure Instructions." Also, p g.	ller," if you the interest; interest; 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 Disclosure	Instructions.")
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FILER				
Edwin Huddy Sr	05/31/2017			
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 true further certify that you understar required by Hawaii law.	e, correct and complete to