AMENDED

HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
Jernigan Mark G	Representative TERM OF OFFICE (Begin/End): Nov 2002 Nov 2004

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 ITEM, DISCLOSE ADDITIONS, DELETIONS, OR CHANGES IN INTERESTS OF FILER, SPOUSE AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer. Use "A" for any additions in interests, "D" for any deletions, and "C" for any other changes.

F, SP, DC, JT	A, D, C	ITEM #
JT.	A.	4 E American Savings Bank
F, SP, DC, JT	A, D, C	ITEM #
JT	A	7 Value F TMK (3) -1-012-004 CPR 416 1088 Bishop St Exec Cntr Apt 3601 Honolulu HI 96813 9-8-03
F, SP, DC, JT	A, D, C	ITEM #
		Consideration Received by: EXCT LIMITED PARTNERSHIP IN THE AMOUNT OF F (thru CONV. MORTGAGE THRU American Savings BANK AS LISTED ABOVE) 9-8-03
F, SP, DC, JT	A, D, C	ITEM #

F, SP, DC, JT	A, D, C	ITEM #	RECEIVED '03 SEP -8 P1:27 STATE OF HAWAII STATE ETHICS COMMISSION
F, SP, DC, JT	A, D, C	ITEM #	RECEIVED '03 SEP -8 A7:13 STATE OF HAWAII STATE ETHICS COMMISSION
F, SP, DC, JT	A, D, C	ITEM #	RECEIVED '03 MAY 30 AM 10:04 STATE OF HAWAII STATE ETHICS COMMISSION
F, SP, DC, JT	A, D, C	ITEM #	
F, SP, DC, JT	A, D, C	ITEM #	

CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Mark Jernigan 9-7-03 Mark Jernigan 9-8-03

Mark Jernigan 5-30-03

SIGNATURE (Note: This filing is not valid without a signature.) DATE

FORM D-103A
(Revised: 12/02)