HAWAII STATE ETHICS COMMISSION
SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER

Richardson	William	Willian
Last Name	First Name	M.I.

FOR STATE EMPLOYEES	**FOR STATE BOARD/COMMISSION MEMBERS**	
University of Hawaii	Hawaiian Homes Commission	
Department	Board/Commission Name	
Office of the Vice President for Research	07/01/2014	06/30/2018
Division	**BEGIN**	**END**
Interim Director, OTTED	*Term of Office (mm/dd/yyyy)*	
Position		

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:	Check One:	ITEM # 1 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
☑ Filer	☑ Addition	New employment with University of Hawaii. Income level F.
☐ Spouse	☐ Deletion	
☐ Dependent Child	☐ Change	
☐ Joint		

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

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

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

Check One:	Check One:	ITEM #_____ (Follow the "ITEM 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.")
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.")
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.")
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.")
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.")

FILER

William Kahelelani Richardson   07/24/2015

Print Name of Filer *(First M.I. Last)*   Date *(m/d/yyyy)*

☑ **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.