HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

itano Last Name		joanne First Name		joanne M.I.
		Filst		
University of Have Department office of the vp for Division associate vp for	waii or academic		Board/Commission Name BEGIN END Term of Office (mm/dd/yyyy)	IEMBERS
Position				
	-	check number 2, բ REPORT SINCE MY	provide the relevant information. LAST FILING.	
or other change hold the interest or "Jointly," if yo "Deletion," to ind interest by follow	of a financial inter ; "Spouse," if your u and your spouse dicate the deletion ving 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 a lds the interest, by checking one of the following: st; "Dependent Child," if your dependent child ho ; (2) Check "Addition," to indicate the addition of ; ge," to indicate any other change of an interest; (3 in the "Short Form Disclosure Instructions." Also g.	"Filer," if you olds the interest; an interest; 3) 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 Disclos	sure Instructions.")
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FILER				
joanne itano	03/16/2017			
Print Name of Filer (Date (m/d/yyyy)			
appears as the " the best of your	Filer" above a knowledge an	nd the informa d 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