HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER				
Espinda Nol		an	Nolan	
Last Name I		First	st Name M	
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS	
Public Safety				
Department			Board/Commission Name	
Director				
Division			BEGIN END	
Director			Term of Office (mm/dd/yyyy)	
Position				
Check either numbe	r 1 or 2. If you	check number 2, _I	provide the relevant information.	
1. I HAVE NO C	HANGES TO F	REPORT SINCE MY	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 addititions the interest, by checking one of the following: "Filest; "Dependent Child," if your dependent child holds to the check "Addition," to indicate the addition of an intege," to indicate any other change of an interest; (3) Do not 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				
Nolan P Espinda	03/20/2017			
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