HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

		Garret First Name		Garret _{M.I.}	
		FOR STATE BOARD/COMMISSION MEMBERS			
University of Hawaii Department			Board/Commission Name	MEMBERO	
Information Technology Services Division Vice President for IT and CIO Position			BEGIN END Term of Office (mm/dd/yyyy)		
	-	check number 2, 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 wing 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 a club of the interest, by checking one of the following est; "Dependent Child," if your dependent child hit; (2) Check "Addition," to indicate the addition of ge," to indicate any other change of an interest; in the "Short Form Disclosure Instructions." Als g.	g: "Filer," if you nolds the interest; f an interest; (3) Describe the	
Check One: ✓ Filer Spouse Dependent Child Joint	Check One: Addition ✓ Deletion Change		the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Discloious employer ended.	osure Instructions.")	
Check One: ✓ Filer Spouse Dependent Child Joint	Check One: ✓ Addition Deletion Change	ITEM # 5 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") NorthWest Academic Computing Consortium (NWACC) / Board Member / 2017 - 2019 Term / No Compensation			
Check One: ✓ Filer Spouse Dependent Child Joint	Check One: ✓ Addition Deletion Change	ITEM # 5 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") DXtera Institute / Board Member / 2017 - 2020 Term / No Compensation			
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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				
Garret Tadashi `	05/11/2017			
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 to ation contained in the form is true further certify that you understar required by Hawaii law.	e, correct and complete to