HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER					
Dykstra		Dou	uglas	Dougla	
Last Name		First	Name	M.I.	
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION	MEMBERS	
University of Hawaii					
Department			Board/Commission Name		
Windward Community College					
Division			BEGIN END		
Chancellor			Term of Office (mm/dd/yyyy)		
Position					
Check either number	er 1 or 2. If you	check number 2,	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 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 e jointly hold the interest of an interest; or "Chan	ORT SINCE MY LAST FILING. For each lds the interest, by checking one of the following st; "Dependent Child," if your dependent child; (2) Check "Addition," to indicate the addition age," to indicate any other change of an interest in the "Short Form Disclosure Instructions." Age.	ng: "Filer," if you holds the interest; of an interest; t; (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 Disc	closure Instructions.")	
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FILER				
Douglas - Dykst	05/24/2017			
Print Name of Filer (Date (m/d/yyyy)			
appears as the " the best of your	Filer" above a knowledge an	nd the informated 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