HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER			
Colon	Cat	herine	Cathe
Last Name	First	Name	M.I.
FOR STATE EMPLOYEES		FOR STATE BOARD/COMMISSION MEM	IBERS
Commerce & Consumer Affairs			
Department		Board/Commission Name	
Director's Office			
Division		BEGIN END	
Director		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: Filer Spouse Dependent Child	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:	Chack One:	ITEM # (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	

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

FILER

Catherine Puanani Awakuni Colon

05/30/2017 Date (m/d/yyyy)

Print Name of Filer (First M.I. Last)

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.