HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER		
Lacro	Erika	Erika
Last Name F	First Name	M.I.
FOR STATE EMPLOYEES	FOR STATE BOARD/COMMISSION MEI	MBERS
University of Hawaii		
Department	Board/Commission Name	
Honolulu Community College		
Division	BEGIN END	
Chancellor	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.

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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

Erika Lynn Lacro

05/31/2017 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.