HAWAII STATE ETHICS COMMISSION
SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER
Cabral
Last Name
Manuel
First Name
J
M.I.

FOR STATE EMPLOYEES
Leeward Community College

Department
Administration

Division
Chancellor

FOR STATE BOARD/COMMISSION MEMBERS

Board/Commission Name

BEGIN
Term of Office (mm/dd/yyyy)

END

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

Check One:  
☐ Filer  
☐ Spouse  
☐ Dependent Child  
☐ Joint  

Check One:  
☐ Filer  
☐ Spouse  
☐ Dependent Child  
☐ Joint  

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☐ Dependent Child  
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☐ Dependent Child  
☐ Joint  

Check One:  
☐ Filer  
☐ Spouse  
☐ Dependent Child  
☐ Joint  

ITEM #______ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions."

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FILER

Manuel J. Cabral

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

5/11/2015

Date (m/d/yyyy)

☐ 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.

FORM D-103A (Revised 5/2013)