HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

Calvin	
First Name	
FOR STATE BOARD/COMMIS	SSION MEMBERS
Board/Commission Name	
BEGIN EN	D
Term of Office (mm/dd/yyyy)	
	FOR STATE BOARD/COMMIS Board/Commission Name BEGIN EN

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source and amount of all income of \$1,000 or more received during the preceding calendar year for services rendered (INCLUDING INCOME EARNED FROM YOUR STATE POSITION), and the nature of the services rendered.

F,SP, DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED		
F	House of Representatives State Capitol, Rm. 433, Honolulu, HI 96813	E	Legislator		
F	Kotake Shokai, Ltd. 1812 Kalani Street Honolulu, Hawaii 96819	С	President		
F	Warabeya USA dba Tokyo Bento Nichiyo 2859 Pa'a Street, 2nd Floor Honolulu, Hawaii 96818	С	Secretary		
Che	☐ Check here if entry is None ☐ Check here if additional sheets are attached				

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business. YOU ARE REQUIRED TO LIST ALL STOCKS, MUTUAL FUNDS OR OTHER NON-RETIREMENT INVESTMENT INTERESTS VALUED AT \$5,000 OR MORE. Please see instructions available at http://hawaii.gov/ethics.

	1		1	
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Kotake Shokai, Ltd. 1812 Kalani Street Honolulu, Hawaii 96819	Importer Wholesaler	Shares	В
Check here if entry is None ✓ Check here if additional sheets are attached				

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
√ Che	eck here if entry is None Check here if additional shee	ts are attached

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Bank of Hawaii 111 South King Street Honolulu, Hawaii 96813	G	G
SP	Central Pacific Bank P.O. Box 3590 Honolulu, Hawaii 96811	G	G
Check here if entry is None Check here if additional sheets are attached			

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS
List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Kotake Shokai, Ltd. 1812 Kalani Street Honolulu, Hawaii 96819	President	2000 - Present	С
F	Warabeya, USA dba Tokyo Bento Niciyo 2859 Pa'a Street, 2nd Floor Honolulu, Hawaii 96818	Secretary	2000 - Present	С
Check here if entry is None Check here if additional sheets are attached				

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)
List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real

property th	nat is your personal residence or the personal residence of	your spouse or dependent childr	en need not be listed.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	X MAP VALUE
SP	215 North King Street, Apt. 1801 Honolulu, Hawaii 96817	150080010175	H
Che	eck here if entry is None	Check here	e if additional sheets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACC sts in real property in or outside of the State acquired durin erty that is your personal residence or the personal resider	g the disclosure period, if the inte	erest has a value of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
SP	2247 Star Road Honolulu, Hawaii, 96813 TMK: (1) 2-2-019-011	A	Cora Kotake Say
SP	2245 Star Road Honolulu, Hawaii, 96813 TMK: (1) 2-2-019-110-0000	H	Cora Kotake Say & John Kotake (Cora's brother)
Che	eck here if entry is None	Check here	e if additional sheets are attached
	ITEM 8: INTERESTS IN REAL PROPERTY TRAN sts in real property in or outside of the State transferred duerty that was your personal residence or the personal residence.	ring the disclosure period, if the ir	nterest has a value of \$10,000 or more
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
✓ Che	eck here if entry is None	Check here	e if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT		NAME OF STATE AGENCY				
✓ Check here if entr	y is None		Che	eck here if a	dditional she	eets are attached
List the amount and identity \$5,000 or more.	ITEM 10: CREDITOR IN y of every creditor interest in insolv		RESTS IN INSOLVENT BU businesses, held during the		riod, if the inte	rest has a value of
F,SP, DC,JT NAME AND AD	DRESS OF BUSINESS		NATURE OF BUSINESS	NATURE OF	INTEREST	VALUE
,						
✓ Check here if entr	✓ Check here if entry is None					
FILER						
					04/00/0	204.4
Calvin K.Y. Say	MI Leat/Gierreture	.a. 41	in the Manager City		01/28/2	
	rst, M.I., Last)(Signature required o				Date (m/d	
I. / I CERTIFICATIO	CERTIFICATION: By checking this box or signing your name on this form, you signify and affirm that					

CERTIFICATION: By checking this box or signing your name on this form, 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.

ATTACHMENT A

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR ADDITIONAL INFORMATION

F, SP, DC, JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
SP	Lanakila School 717 North School Street Honolulu, Hawaii 96817	E	Teacher
SP	Cora Say (Rental of 215 North King Street, Apt. 1801)	С	Real Property Rental

ATTACHMENT B

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES ADDITIONAL INFORMATION

F, SP, DC, JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
JT	Bernstein Tax-Managed International Portfolio Sanford C. Bernstein & Co., LLC 1345 Avenue of the Americas New York, New York 10105 (Note: All of the following are held in mutual funds or investment portfolios managed by the above.)	Mutual Fund	Shares	D
JT	Bernstein Emerging Markets Portfolio	Mutual Fund	Shares	С
JT	Bernstein Diversified Municipal Portfolio	Mutual Fund	Shares	Н
JT	Alliance Bernstein Bond Fund Municipal Bond Inflation Strategy Class 1	Mutual Fund	Shares	D
JT	Alliance Bernstein Small/Mid Cap Value Fund Advisor	Mutual Fund	Shares	С
JT	Alliance Bernstein Small/Mid Cap Growth Advisor	Mutual Fund	Shares	С
JT	Tax Aware Overlay A Portfolio Class 1	Mutual Fund	Shares	D
JT	Tax Aware Overlay B Portfolio Class 1	Mutual Fund	Shares	F
JT	Apple Inc.	Information Technology	Shares	В