



**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

Check here if entry is None

Check here if additional sheets 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	American Savings Bank PO Box 2300, Honolulu, HI 96804	F	F

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	Ukumaruku Corporation 2733 East Manoa Road Honolulu, HI 96822	President	Life	B
F	K.H. Choy & Associates, Inc. 2733 East Manoa Road Honolulu, HI 96822	President	Life	A
JT	Isaac W. Choy, Jr Irr. Trust 2733 East Manoa Road Honolulu, HI 96822	Trustee	Life	None

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 that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F, SP, DC, JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
SP, DC	7264 Nuulolo St. Honolulu, HI 96825	390551080000	H

Check here if entry is None

Check here if additional sheets are attached

**ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

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

Check here if entry is None

Check here if additional sheets are attached

**ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

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

Check here if entry is None

Check here 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
<input checked="" type="checkbox"/> Check here if entry is None <span style="margin-left: 300px;"><input type="checkbox"/> Check here if additional sheets are attached</span>	

**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F, SP, DC, JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
<input checked="" type="checkbox"/> Check here if entry is None <span style="margin-left: 300px;"><input type="checkbox"/> Check here if additional sheets are attached</span>				

**FILER**

*Sam W. King*

1/30/2013

Type Name of Filer (First, M.I., Last)(Signature required on this line if you are filing a paper form)

Date (m/d/yyyy)

**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.

FILER: CHOY, ISAAC W.

**ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES (Continuation)**

F, SP, DC, JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
JT	Hawaii Quality Physician Network LLC 1585 Kapiolani Blvd. Ste. 1800 Honolulu, HI 96814	QHTB	Partner	D
F	K.H. Choy & Associates, Inc. 2733 East Manoa Road, Honolulu, HI 96822	Insurance	Stockholder	C

FILER: CHOY, ISAAC W.

**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS (Continuation)**

F, SP, DC, JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERMS OF OFFICE	ANNUAL COMPENSATION
F	Koon Hin Choy Marital Trust 2733 E. Manoa Road, Hon, HI 96822	Trustee	Life	None
F	Koon Hin Choy Residuary Trust 2733 E. Manoa Road, Hon, HI 96822	Trustee	Life	None
F	Gerald & Connie Meredith Revocable Living Trust 3341 Anoaia Place, Hon., HI 96822	Trustee	Life	None
F	Honolulu Community Action Program (HCAP) One South King Street Building 33 South King Street, Ste. 300 Hon., HI 96813	Chair of the Board	2 Years	None
SP	Hawaii Association of Public Accountants State Chapter P.O. Box 61043, Hon., HI 96839	Treasurer	1	None