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HAWAII STATE ETHICS COMMISSION CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

FILER

Magaoay
Last Name

Michael
First Name

Y
M.I.

OFFICE TO WHICH YOU SEEK ELECTION

- Governor
- Lieutenant Governor
- Senate, District No. _____
- House of Representatives, District No. 45
- Office of Hawaiian Affairs, Island _____

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 (1/1/2013 – 12/31/2013) for services rendered (INCLUDING INCOME EARNED FROM ANY STATE OR OTHER GOVERNMENT AGENCY), and the nature of the services rendered.

NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
MYM Services P.O. Box 893940 Mililani, Hawaii 96789	E	Electrical Consultant
<input type="checkbox"/> Check here if entry is None		<input type="checkbox"/> 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 (1/1/2013 to the date of filing this form) 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 for this form.

BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
MYM Services P.O. Box 893940 Mililani, Hawaii 96789	Electrical Consultant	100% ownership	E
<input type="checkbox"/> Check here if entry is None		<input type="checkbox"/> 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 (1/1/2013 to the date of filing this form) and the date of transfer.

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 (1/1/2013 to the date of filing this form) and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
Hawaii Federal State Credit Union	D	D
Bank of Hawaii	F	F
Bank of Hawaii	D	D

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 (1/1/2013 to the date of filing this form) in any business or organization, the term of office, and the annual compensation.

NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
Mililani Town Association 95-303 Kaloapau St. Mililani, Hawaii 96789	Elected Board Member	2013 - 2015	None
Catholic Charities Hawaii 1822 Keeaumoku St. Honolulu, Hawaii 96822	Corporate Board Member	2011 - 2015	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 (1/1/2013 to the date of filing this form), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
95-597 Makaimoimo St. Mililani, Hawaii 96789	1-9-5-035-069	1
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 (1/1/2013 to the date of filing this form), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 (1/1/2013 to the date of filing this form), if the interest has a value of \$10,000 or more. Real property that was your personal residence need not be listed.

STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 (1/1/2013 to the date of filing this form), excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached	

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in an insolvent business, held during the disclosure period (1/1/2013 to the date of filing this form), if the interest has a value of \$5,000 or more.

NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

FILER


7/17/2014
 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.

Hawaii State Ethics Commission

Candidate Disclosure of Financial Interests

Item #5: Officerships, Directorships, Trusteeships

Michael Y. Magaoay

Name and Address of Business	Title Held	Terms of Office	Annual Compensation
March of Dimes – Hawaii Chapter 1580 Makaloa St. Suite 1200 Honolulu, Hawaii 96814	Director	2011 – 2015	NONE
Hale Kipa 615 Piikoi St. Suite 203 Honolulu, Hawaii 96814	Board Member	2011 – 2015	NONE
Pacific Health Ministries 1245 Young St. Honolulu, Hawaii 96814	Director	2011 – 2015	NONE