

HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

STATE OF HAWAII
 ETHICS COMMISSION

FILER

Last Name Acoba, Jr. First Name Simeon M.I. R.

FOR STATE EMPLOYEES

Department

Division

Position

FOR STATE BOARD/COMMISSION MEMBERS

Board/Commission Name University of Hawaii Board of Regents

BEGIN END

Term of Office (mm/dd/yyyy) Oct. 6, 2014 ? 2017
Oct 23, 2014 (Coath)

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 OF EMPLOYER / OTHER SOURCE(S) OF INCOME	AMOUNT	SERVICES RENDERED
F	State of Hawaii Judiciary	G	Judicial
F	HI Pacific University	B	Instructor
SP	Chun Kaminaka, LLC	B	Manager
SP	" " "	C	Rental Income

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://ethics.hawaii.gov>.

F, SP, DC, JT	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	SU, LLC	Consultant	Owner	B
SP	Chun Kaminaka LLC	Rental	Owner	50% int.
SP	Ameriprise managed account Ex A	Investment	Owner	H
F	HI Quality Physicians network, LLC	medical software	owner	D
JT	Stock Ex B	Various	owner	D

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
F SP	Numerous changes in mutual fund, stock and managed account interest over time see attached item 2	

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	Wells Fargo Bank / Fannie Mae	H	0 (none)

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 OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	H1 Justice Foundation	Director	2014 -	none
F	Mediation Center of the Pacific	Director	2014 -	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	1523 Kaminaka Drive Honolulu, HI	33061030000	H (50%)

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

Check here if entry is None
 Check here if additional sheets are attached

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 OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

Check here if entry is None
 Check here if additional sheets are attached

FILER



 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.

Item No. 2, Exhibit A

NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	AMT. OR NO. OF SHARES
AMERIPRISE			
Ameriprise Money Mkt	Money Mkt fund	shares	B
Fidelity Advisor Floating Rate High Income CL A	Bond fund	shares	D
Fidelity Advisor New Insights CL A	Equity fund	shares	C
Janus High Yield CL A	Bond fund	shares	C
Janus High Yield CL A	Bond fund	shares	C
Pimco Total Return CL D	Bond fund	shares	C
Templeton Global Bond CL A	Bond fund	shares	C
Virtus Multi Sector Short Term Bond CL A	Bond fund	shares	C
American Electric Power Company	Utility	shares	D
Ameripries Financial Inc	Finance	shares	B
Coca-Cola Company	Food	shares	B
Walt Disney Co	Entertainment	shares	E
Ecolab Inc	Oil	shares	D
Hawaiian Electric Industries Inc	Utility	shares	D
Las Vegas Sands Corp	Entertainment	shares	C
Pepsico Inc	Food	shares	C
Starbucks	Food	shares	C
Sun Life Financial Inc	Finance	shares	B
Yum Brands Inc	Food	shares	C
Hawaii St Ser De NPFGB/E Cpn	Bond	holder	C
Hawaii St Ser DK B/E Cpn	Bond	holder	C
Honolulu HI C & C Ser A AGM b/E PTC Cpn	Bond	holder	C
Ameriprise Cash Reserve Certificate	Banking	certificate	F

ITEM No. 2

Ex. B

NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	AMT. OR NO. OF SHARES
JOINT (DRIPS)			
Johnson & Johnson	Health	Shares	B
Exxon	Energy	Shares	B
McDonalds	Food	Shares	B
General Electric	Industrial	Shares	B
Proctor & Gamble	Consumer Goods	Shares	B