HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

						
FILER		Laib	10		Tomile	
	Koev Leil			Tamik		
Last Nan	ne First Name		Name	M.I.		
FOR ST	ATE EMPLOYEES		FOR STAT	E BOARD/COMMIS	SSION MEMBERS	
Department Division			Agribusiness Development Corpor Board/Commission Name 03/10/2016 06/30/2019 BEGIN END			
			Term of Office (mm/dd/yyyy)			
Position						
USE A	DR EACH ITEM, EXCEPT ITEM 9, DISC ABBREVIATIONS: "F" for filer, "SP" for spo ITEM 1: INCOME FOR SEI urce and amount of all income of \$1,000 o	ouse, "DC" for depe	ndent children, ED FOR PRE	and "JT" for joint interests CEDING CALENDAR Y	s of the spouse and filer.	
	EARNED FROM YOUR STATE POSITION				,	
F,SP, DC,JT	NAME OF EMPLOYER / OTHER SOURCE(S) OF INCOME		AMOUNT	SERVICES RENDER	SERVICES RENDERED	
Che	eck here if entry is None		✓	Check here if addition	onal sheets are attached	
State if the LIST ALL	ITEM 2: OWNERSI nount and identity of every ownership or be interest has a value of \$5,000 or more or STOCKS, MUTUAL FUNDS OR OTHER N e instructions available at http://ethics.hawa	eneficial interest held is equal to 10% or r ION-RETIREMENT	d during the dis	nership of the business. Y	OU ARE REQUIRED TO	
F,SP, DC,JT	NAME OF BUSINESS	NATURE OF B	USINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES	
Che	eck here if entry is None		√	Check here if addition	onal 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						
	ck here if entry is None	WHO ENTED BONNO THIS	Check here if additiona	TRANSFER			
V One	ok nore il cha y le Norie	L	oneok here ii additiona	a onecto are attached			
List the na	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			
✓ Che	ck here if entry is None	Γ	Check here if additiona	al sheets are attached			
V 0110	-	L RSHIPS, DIRECTORSHIPS,		a sheets are attached			
List every organization	officership, directorship, trusteeship, or other to the term of office, and the annual compensation.	fiduciary relationship held duri	ing the disclosure period in an	y business or			
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION			
Che	ck here if entry is None	١.	Check here if additional	al 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.

proporty un	ario year percenar reciaence er are percenar reciaence er	, our opouco or doportuoni orimare	on not be noted.		
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	(MAP VALUE		
√ Che	ck here if entry is None	Check here	if additional sheets are attached		
List interes Real prope	ITEM 7: INTERESTS IN REAL PROPERTY ACQ ts in real property in or outside of the State acquired during rty that is your personal residence or the personal residence	the disclosure period, if the inter	rest 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		
✓ Che	ck 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		
√ Che	ck 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		NAN	ME OF STATE AGENCY		
√ Che	ck here if entry is None		Che	ck here if additional she	ets 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.				rest has a value of	
F,SP, DC,JT	NAME OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
Cho	ok hara if antry is Nana		Cha	ak bara if additional abo	este are ettached
✓ Check here if entry is None Check here if additional sheets are attached					
FILER					
leilyn tamiko koev 06/12/2016				2016	
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.

Check all that apply. - State Board/Commission Member

Department

Division

State Employee Position

State Board or Commission Name Agribusiness Development Corporation

Term of Office Start Mar 10, 2016

Term of Office End Jun 30, 2019

Category 1: Income for services rendered for preceding calendar year Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Name of Employer/ Other source of income Kawamata Farms LLC

Item #1 Compensation received G: At least \$150,000 but less than \$250,000

Item #1 Description of services rendered

START Item #2 Who holds interest?

Item #2 Name of Employer/ Other source of income

Item #2 Compensation received

Item #2 Description of services rendered

START Item #3 Who holds interest?

Item #3 Name of Employer/ Other source of income

Item #3 Compensation received

Item #3 Description of services rendered

START Item #4 Who holds interest?

Item #4 Name of Employer/ Other source of income

Item #4 Compensation received

Item #4 Description of services rendered

START Item #5 Who holds interest?

Item #5 Name of Employer/ Other source of income

Item #5 Compensation received

Item #5 Description of services rendered

Category 2: Ownership or Beneficial Interests in Businesses Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Legal name of business Kawamata Farms Inc

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value of interest

Item #1 Number of Shares

START Item #2 Who holds interest?

Item #2 Legal name of business

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value of interest

Item #2 Number of Shares

START Item #3 Who holds interest?

Item #3 Legal name of business

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value of interest

Item #3 Number of Shares

START Item #4 Who holds interest?

Item #4 Legal name of business

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value of interest

Item #4 Number of Shares

START Item #5 Who holds interest?

Item #5 Legal name of business

Item #5 Nature of business

Item #5 Nature of interest

Item #5 Value of interest

Item #5 Number of Shares

START Item #1 Who holds interest?

Item #1 Ownership or beneficial interest transferred during this disclosure period

Item #1 Date of transfer

START Item #2 Who holds interest?

Item #2 Ownership or beneficial interest transferred during this disclosure period

Item #2 Date of transfer

START Item #3 Who holds interest?

Item #3 Ownership or beneficial interest transferred during this disclosure period

Item #3 Date of transfer

START Item #4 Who holds interest?

Item #4 Ownership or beneficial interest transferred during this disclosure period

Item #4 Date of transfer

START Item #5 Who holds interest?

Item #5 Ownership or beneficial interest transferred during this disclosure period

Item #5 Date of transfer

Category 4: Creditors None

START Item #1 Who holds interest?

Item #1 Legal name of creditor

Item #1 Original amount owed

Item #1 Amount outstanding

START Item #2 Who holds interest?

Item #2 Legal name of creditor

Item #2 Original amount owed

Item #2 Amount outstanding

START Item #3 Who holds interest?

Item #3 Legal name of creditor

Item #3 Original amount owed

Item #3 Amount outstanding

START Item #4 Who holds interest?

Item #4 Legal name of creditor

Item #4 Original amount owed

Item #4 Amount outstanding

START Item #5 Who holds interest?

Item #5 Legal name of creditor

Item #5 Original amount owed

Item #5 Amount outstanding

Category 5: Officerships, Directorships, Trusteeships Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Legal name of entity Kawamata Farms Inc

Item #1 Title held Secretary

Item #1 Term of Office

Item #1 Annual compensation A : Less than \$1,000 $\,$

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Title held

Item #2 Term of Office

Item #2 Annual compensation

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Title held

Item #3 Term of Office

Item #3 Annual compensation

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Title held

Item #4 Term of Office

Item #4 Annual compensation

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Title held

Item #5 Term of Office

Item #5 Annual compensation

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Value

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Value

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Value

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Value

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Value

Category 7: Interests in Real Property Acquired, excluding Personal Residence(s) None

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration paid

Item #1 Nature of consideration paid

Item #1 Legal name of person or entity receiving the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration paid

Item #2 Nature of consideration paid

Item #2 Legal name of person or entity receiving the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration paid

Item #3 Nature of consideration paid

Item #3 Legal name of person or entity receiving the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration paid

Item #4 Nature of consideration paid

Item #4 Legal name of person or entity receiving the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration paid

Item #5 Nature of consideration paid

Item #5 Legal name of person or entity receiving the consideration

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration received

Item #1 Nature of consideration received

Item #1 Legal name of person or entity furnishing the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration received

Item #2 Nature of consideration received

Item #2 Legal name of person or entity furnishing the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration received

Item #3 Nature of consideration received

Item #3 Legal name of person or entity furnishing the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration received

Item #4 Nature of consideration received

Item #4 Legal name of person or entity furnishing the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration received

Item #5 Nature of consideration received

Item #5 Legal name of person or entity furnishing the consideration

Category 9: Clients Personally Represented before State Agencies None

START Item #1 Legal name of client

Item #1 Name of State Agency

START Item #2 Legal name of client

Item #2 Name of State Agency

START Item #3 Legal name of client Item #3 Name of State Agency

START Item #4 Legal name of client

Item #4 Name of State Agency

START Item #5 Legal name of client

Item #5 Name of State Agency

Category 10: Creditor Interests in Insolvent Businesses None

START Item #1 Who holds interest?

Item #1 Legal name of entity

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Nature of business

Item #5 Nature of interest Item #5 Value

Upload your additional information

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. - I sign and affirm

Filer Name leilyn tamiko koev