

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER McEnerney	Michael	T.
Last Name	First Name	M.I.

FOR STATE EMPLOYEES	FOR STATE BOARD/COMMISSION MEMBERS
Department	University of Hawaii Board of Regents
Division	Board/Commission Name
Position	07/01/2015 06/30/2020
	BEGIN END
	<i>Term of Office (mm/dd/yyyy)</i>

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	McEnerney Shimabukuro Okazaki & Fujita CPAs AAC	F	President, CPA
S	McEnerney Shimabukuro Oakzaki & Fujita CPAs AAC	B	Part Time Staff

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
	see attached schedule			

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	200 Shares Clicksoftware sold	11/06/15
F	350 Caryle Group LP Cpm units sold	03/16/15
F	50 Apple sold	03/06/15
F	150 Apple sold	03/06/15
F	120 IBM sold	12/23/15
F	100 ONEOK Inx New sold	12/23/15

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
J	University of Hawaii FCU	\$28,000.00	\$27,622.32

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	McEnerney Shimabukuro	President	ongoing	F
F	Okazaki & Fujita CPAs AAC 2004 Revocable Trust of David W. Doyle	director trustee	ongoing	none
F	Collaborative Divorce Practice Group	treasurer	ongoing	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
	none		

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
	none		

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
	none		

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
David W. Doyle deceased	Department of Taxation
Paul M. Ganley, Esq.	Department of Taxation
Nancy Emerson	Department of Taxation

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
	none			

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

FILER

Michael T. McInerney

Filer's Signature

05/10/16
Date

CERTIFICATION: 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.

ITEM 2: OWNERSHIP OR BENEFICIAL INTEREST IN BUSINESSES AS OF 04/30/2016

F,SP DC, JT	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO OF SHARES
F	Advantage Bank Deposit	cash holding	money market account	22544.69 shares
F	King Digital	public company	equity	150 shares
F	Bankamerica	public company	equity	600 shares
F	Berkshire Hathaway B	public company	equity	200 shares
F	Illinois Tool Works	public company	equity	200 shares
F	Johnson Controlls Inc	public company	equity	400 shares
F	LKQ Corp	public company	equity	400 shares
F	Microsoft	public company	equity	500 shares
F	Oaktree Capital Group	public company	equity	200 shares
F	Rigel Pharmaceuticals	public company	equity	1000 shares
F	Ubiquiti Networks	public company	equity	200 shares
F	KKR & Co LP	Master Limited Partnership	equity	300 units
F	Oneok Partners	Master Limited Partnership	equity	100 units
F	McEnerney, Shimabukuro, Okazaki & Fujita CPAs AAC	accountancy corporation private company	equity	4,130 shares
JT	Advantage Bank Deposit	cash holding	money market account	1129.62 shares
JT	Mainkind Corp MMF	public company	equity	730 shares
JT	Growth Fund of America	public company	equity	4537.73 shares

McEnerney
Shimabukuro
Okazaki
& Fujita

CERTIFIED PUBLIC ACCOUNTANTS STATE OF HAWAII
STATE ETHICS COMMISSION

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May 10, 2016

Disclosure of Financial
Interests Long Form D-201

An Accountancy Corporation

Hawaii State Ethics Commission
1001 Bishop Street
American Savings Bank Tower #970
Honolulu, Hawaii 96813

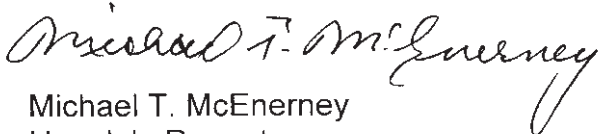
Dear Sirs:

Enclosed is form D-201 Hawaii State Ethics Commission Disclosure of Financial Interest: Long Form (since 2016 is an even numbered year the long form is required) plus a one page attachment for Item 2.

Please acknowledge timely receipt of this form to my e mail account, mce@aloha.net. Please contact me if you have any questions.

This form was prepared in the same manner that the prior year's form was prepared. I want to again thank Virginia Chock for her assistance in answering my questions on last year's form.

Sincerely,



Michael T. McEnerney
Honolulu Regent
2015-2020
University of Hawaii
Board of Regents