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HAWAII STATE ETHICS COMMISSION CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

STATE ETHICS COMMISSION

FILER

Last Name CHOY First Name ISAAC M.I. W

OFFICE TO WHICH YOU SEEK ELECTION

- Governor
- Lieutenant Governor
- Senate, District No. _____
- House of Representatives, District No. 23
- 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 (1/1/2015 – 12/31/2015) 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

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 (1/1/2015 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

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 (1/1/2015 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 (1/1/2015 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

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 (1/1/2015 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

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 (1/1/2015 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
<input type="checkbox"/> Check here if entry is None <input checked="" 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 (1/1/2015 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 type="checkbox"/> Check here if entry is None <input checked="" 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 (1/1/2015 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 (1/1/2015 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 (1/1/2015 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

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

7/10/2016
 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 Name ISAAC W CHOY

Check all that apply. - State Employee

Department Legislature
Division House of Representative
State Employee Position Representative
State Board or Commission Name
Term of Office Start
Term of Office End

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 IWC LLC
Item #1 Compensation received F : At least \$100,000 but less than \$150,000
Item #1 Description of services rendered Consulting
START Item #2 Who holds interest? Filer
Item #2 Name of Employer/ Other source of income State of Hawaii Legislature
Item #2 Compensation received E : At least \$50,000 but less than \$100,000
Item #2 Description of services rendered Representative
START Item #3 Who holds interest? Spouse
Item #3 Name of Employer/ Other source of income MC Group Hawaii Inc.
Item #3 Compensation received E : At least \$50,000 but less than \$100,000
Item #3 Description of services rendered Accountant
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 IWC LLC
Item #1 Nature of business Consulting
Item #1 Nature of interest Member
Item #1 Value of interest H : At least \$250,000 but less than \$500,000
Item #1 Number of Shares
START Item #2 Who holds interest? Filer
Item #2 Legal name of business Ukumaruku Corporation
Item #2 Nature of business Real Estate
Item #2 Nature of interest Stockholder
Item #2 Value of interest K : At least \$1,000,000 or more
Item #2 Number of Shares
START Item #3 Who holds interest? Filer
Item #3 Legal name of business Isaac W. Choy CPA Inc.
Item #3 Nature of business Accounting
Item #3 Nature of interest Stockholder
Item #3 Value of interest B : At least \$1,000 but less than \$10,000
Item #3 Number of Shares
START Item #4 Who holds interest? Filer
Item #4 Legal name of business K.H. Choy & Associates, Inc.
Item #4 Nature of business Insurance
Item #4 Nature of interest Stockholder
Item #4 Value of interest C : At least \$10,000 but less than \$25,000
Item #4 Number of Shares
START Item #5 Who holds interest? Joint
Item #5 Legal name of business Hawaii Quality Physicians Network LLC
Item #5 Nature of business QHTB
Item #5 Nature of interest Partner
Item #5 Value of interest D : At least \$25,000 but less than \$50,000
Item #5 Number of Shares

Category 3: Transfer of Ownership or Beneficial Interests in Businesses None

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 Yes, I have items

START Item #1 Who holds interest? Joint

Item #1 Legal name of creditor American Savings Bank

Item #1 Original amount owed C : At least \$10,000 but less than \$25,000

Item #1 Amount outstanding C : At least \$10,000 but less than \$25,000

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 Ukumaruku Corporation

Item #1 Title held President

Item #1 Term of Office Life

Item #1 Annual compensation B : At least \$1,000 but less than \$10,000

START Item #2 Who holds interest? Filer

Item #2 Legal name of entity K.H. Choy & Associates, Inc.

Item #2 Title held President

Item #2 Term of Office Life

Item #2 Annual compensation A : Less than \$1,000

START Item #3 Who holds interest? Filer

Item #3 Legal name of entity Isaac W Choy Jr Irr Trust

Item #3 Title held Trustee

Item #3 Term of Office Life

Item #3 Annual compensation

START Item #4 Who holds interest? Filer

Item #4 Legal name of entity Koon Hin Choy Marital Trust

Item #4 Title held Trustee

Item #4 Term of Office Life

Item #4 Annual compensation

START Item #5 Who holds interest? Filer

Item #5 Legal name of entity Koon Hin Choy Residuary Trust

Item #5 Title held Trustee

Item #5 Term of Office Life

Item #5 Annual compensation

START Item #6

Honolulu Comm Action program

Treasurer

1 year

NONE

START Item #7

Hawaii Assn of Public Acct

Bank Chap - Pres

1 year

NONE

Category 6: Interests in Real Property Held, excluding Personal Residence(s) Yes, I have items

START Item #1 Who holds interest? Spouse
Item #1 Street address 7264 Nuulo St.
Honolulu, HI 96822
United States
Item #1 Tax Map Key 390551080000
Item #1 Value H : At least \$250,000 but less than \$500,000
START Item #2 Who holds interest? Dependent Child
Item #2 Street address 7264 Nuulolo St.
Honolulu, HI 96822
United States
Item #2 Tax Map Key 390551080000
Item #2 Value H : At least \$250,000 but less than \$500,000
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) Yes, I have items

START Item #1 Who holds interest? Joint
Item #1 Street address 5705 Friars Road #34
San Diego, CA 92110
United States
Item #1 Tax Map Key 436-611-11-34
Item #1 Amount of consideration paid H : At least \$250,000 but less than \$500,000
Item #1 Nature of consideration paid Cash
Item #1 Legal name of person or entity receiving the consideration Juliette Granata
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

Category 8: Interests in Real Property Transferred, 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 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 [ISAAC W CHOY ATTACHMENT TO FORM D-201-2016.pdf](#)

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 Isaac W Choy

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	Gerald & Connie Meredith Revocable Living Trust 3341 Anoi 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	Treasurer	2 Years	None