

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: SHORT FORM

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

FOR STATE EMPLOYEES Department Division Position	FOR STATE BOARD/COMMISSION MEMBERS <u>UH Board of Regents</u> Board/Commission Name <u>07/01/2017</u> <u>06/30/2022</u> BEGIN END <i>Term of Office (mm/dd/yyyy)</i>
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Check either number 1 or 2. If you check number 2, provide the relevant information.

1. I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.
2. I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING. For each addition, deletion, or other change of a financial interest: (1) Indicate who holds the interest, by checking one of the following: "Filer," if you hold the interest; "Spouse," if your spouse holds the interest; "Dependent Child," if your dependent child holds the interest; or "Jointly," if you and your spouse jointly hold the interest; (2) Check "Addition," to indicate the addition of an interest; "Deletion," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; (3) Describe the interest by following the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions." Also, provide the appropriate item number for the interest you are describing.

Check One: <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	Check One: <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") <u>Chun Kaminaka LLC rental income.</u> (Amt) <u>C</u>
Check One: <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	Check One: <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") <u>SULLC consulting services Ashford +</u> <u>Wriston, PO Box 131, Hwn. HI 96810</u> (Amt) <u>D</u>
Check One: <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	Check One: <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # <u>2</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") <u>Chun Kaminaka LLC, real estate, member</u> (Value) <u>I</u>
Check One: <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	Check One: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input checked="" type="checkbox"/> Change	ITEM # <u>2</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") <u>Ameriprise managed account, investments,</u> <u>owner J (value) Ex A</u> <u>c/o 555 South St. Ste 106</u> <u>Honolulu, HI 96813</u>

<p>Check One:</p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input checked="" type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input checked="" type="checkbox"/> Change	<p>ITEM # <u>2</u> (Follow the ITEM BY ITEM INSTRUCTIONS in the "Short Form Disclosure Instructions.")</p> <p>stocks, Ex B, value (0)</p>
<p>Check One:</p> <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>5</u> (Follow the ITEM BY ITEM INSTRUCTIONS in the "Short Form Disclosure Instructions.")</p> <p>Chun Kaminateka LLC, member manager 2013-2017 annual compensation, B; none</p>
<p>Check One:</p> <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # <u>6</u> (Follow the ITEM BY ITEM INSTRUCTIONS in the "Short Form Disclosure Instructions.")</p> <p>1523 Kaminateka, Hon. HI 96816, TMC 330610300000 1/2 int. I (value)</p>
<p>Check One:</p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the ITEM BY ITEM INSTRUCTIONS in the "Short Form Disclosure Instructions.")</p>
<p>Check One:</p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the ITEM BY ITEM INSTRUCTIONS in the "Short Form Disclosure Instructions.")</p>
<p>Check One:</p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint	<p>Check One:</p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the ITEM BY ITEM INSTRUCTIONS in the "Short Form Disclosure Instructions.")</p>

FILER


5/21/19

Filer's Signature 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 No. 2, Exhibit A 2019

NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	AMT. OR NO. OF SHARES
AMERIPRISE FINANCIAL ACCOUNT			
Bank of Hope LA CA	Bank	CD	D
Santander Bank NA Wilm. DE	Bank	CD	D
MUFG Union Bank NA SF CA	Bank	CD	D
Beal Bank USA LV NV	Bank	CD	E
Bank of America NA Charl. ND	Bank	CD	E
Pacific Western Bank BH CA	Bank	CD	E
Ameriprise Insured MM	MM Mutual Fund	Shares	B
Fidelity MM Premium CL	MM Mutual Fund	Shares	F
Ameriprise Insured MM	MM Mutual Fund	Shares	B
Janus Henderson Flexible Bond	Bond fund	Shares	C
Franklin Mutual Quest	Bond fund	Shares	C
Virtus Newfleet Multi Sector	Bond fund	Shares	C
Ishares Core ETF	Stock Fund	Shares	D
American Electric Power Company	Utility	Shares	D
Baidu ADR	Technology	Shares	C
Chevron	Energy	Shares	D
Walt Disney Co	Entertainment	Shares	E
Ecolab Inc	Technology	Shares	E
Hawaiian Electric Industries Inc	Utility	Shares	D
Pepsico Inc	Food	Shares	D
Starbucks	Food	Shares	D
Tencent Holdings ADR	Food	Shares	C
Honolulu HI C&C Wastewtr Ser B D/6	Bond	Holder	D

ITEM No. 2, Exhibit B 2019

NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	AMT. OR NO. OF SHARES
JOINT			
Johnson & Johnson	Health	Shares	B
McDonalds	Food	Shares	B
Pfizer	Health	shares	B
Walmart Inc	Retail	Shares	B
Travelers Insurance Co.	Insurance	Shares	B
Procter & Gamble	Consumer	Shares	B