

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle): SAY, CALVIN K.Y. STATE POSITION HELD: STATE REPRESENTATIVE-SPEAKER OF THE HOUSE DEPT/DIVISION or BOARD/COMMISSION: HOUSE OF REPRESENTATIVES TERM OF OFFICE (Begin/End): / 1976-2010	Date Received: '10 MAY 11 AIO:42 STATE OF HAWAII STATE ETHICS COMMISSION
--	--

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 (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	HOUSE OF REPRESENTATIVES STATE CAPITOL, ROOM 431 HONOLULU, HI 96813	E	LEGISLATOR
F	KOTAKE SHOKAI, LTD. 1812 KALANI STREET HONOLULU, HI 96819	C	PRESIDENT
F	WARABEYA USA dba TOKYO BENTO NICHIO 2859 PAA STREET, 2nd FLOOR HONOLULU, HI 96818	C	SECRETARY
SP	LANAKILA SCHOOL 717 NORTH SCHOOL STREET HONOLULU, HI 96817	E	TEACHER

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.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	KOTAKE SHOKAI, LTD. 1812 KALANI STREET HONOLULU, HI 96819 (see attachment for additional information)	IMPORT WHOLESALER	SHARES	B

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

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	BANK OF HAWAII 111 SOUTH KING STREET HONOLULU, HI 96813	G	G

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 AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	KOTAKE SHOKAI, LTD. 1812 KALANI STREET HONOLULU, HI 96819	PRESIDENT	2000-PRESENT	C
F	WARABEYA, USA dba TOKYO BENTO NICHIO 2859 PAA STREET, 2nd FLOOR HONOLULU, HI 96818	SECRETARY	2002-PRESENT	C

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

ITEM #2

JT	BERNSTEIN DIVERSIFIED MUNICIPAL PORTFOLIO c/o Stanford C. Bernstein & Co., LLC One North Lexington Avenue White Plains, NY 10601	MUTUAL FUND	SHAREHOLDER	H
JT	BERNSTEIN TAX-MANAGED INTERNATIONAL PORTFOLIO c/o Stanford C. Bernstein & Co., LLC One North Lexington Avenue White Plains, NY 10601	MUTUAL FUN	SHAREHOLDER	E
JT	BERNSTEIN EMERGING MARKET PORTFOLIO c/o Stanford C. Bernstein & Co., LLC One North Lexington Avenue White Plains, NY 10601	MUTUAL FUND	SHAREHOLDER	C
JT	BANK OF AMERICA CORP. Thru Stanford C. Bernstein & Co., LLC (see above)	BANKING	SHAREHOLDER	B
JT	CITIGROUP INC. (see above)	BANKING	SHAREHOLDER	B
JT	EXXON MOBIL CORP. (see above)	OIL PRODUCTION	SHAREHOLDER	B
JT	APPLE COMPUTER, INC. (see above)	COMPUTER HI-TECH	SHAREHOLDER	B
JT	BROADCOM CORP. (see above)	COMMUNICATION	SHAREHOLDER	B
JT	CORNING, INC. (see above)	HI-TECH	SHAREHOLDER	B
JT	EBAY, INC. (see above)	INTERNET SALES	SHAREHOLDER	B
JT	GENETECH, INC. (see above)	GENETIC ENGINEERING	SHAREHOLDER	B
JT	GOOGLE, INC. (see above)	INTERNET TECHNOLOGY	SHAREHOLDER	B
JT	HALLIBURTON CO. (see above)	MULTI-NATIONAL CORPORATION	SHAREHOLDER	B

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

 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 AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF HAWAII STATE ETHICS COMMISSION '10 MAY 11 AIO :43	

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

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Calvin K. Ay 5/5/10
 SIGNATURE DATE