

**HAWAII STATE ETHICS COMMISSION
CANDIDATES' DISCLOSURE OF FINANCIAL INTERESTS**

NAME (Last, First, Middle) HERRERA ROJO	OFFICE TO WHICH YOU SEEK ELECTION: STATE SENATE DISTRICT 18
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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 (1/1/11 - 12/31/11), for services rendered, and the nature of the services rendered.

NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
COMCON TECHNOLOGIES, INC 94-368 HAKAMO A ST. MILILANI, HI 96789	E	EXECUTIVE VICE PRESIDENT
NEW HOPE LEEWARD CHURCH 94-050 FARRINGTON HWY, A-1 WAIPAHU, HI 96797	D	EXECUTIVE PASTOR
DFAS-CLEVELAND P.O. BOX 998005 CLEVELAND, OH 44199	E	USAF RETIREMENT PAY

<input type="checkbox"/> Check here if entry is None	<input type="checkbox"/> Check here if additional sheets are attached
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ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period (1/1/11 to date of filing) 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.

BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
COMCON TECHNOLOGIES, INC 94-368 HAKAMO A ST., MILILANI, HI 96789	CONSULTING	49% OWNERSHIP	49 SHARES

<input type="checkbox"/> Check here if entry is None	<input type="checkbox"/> Check here if additional sheets are attached
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ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in *businesses transferred during the disclosure period* (1/1/11 to date of filing) and the date of transfer.

OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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* (1/1/11 to date of filing) 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
ALLY BANK, PO BOX 13625 PHILADELPHIA, PA 19101	I	I
USAA BANK, 10750 MCDERMOTT SAN ANTONIO TX 78288	C	C
BANK OF AMERICA, PO BOX 45224 JACKSONVILLE, FL 32232	C	C
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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* (1/1/11 to date of filing) 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
COMCON TECHNOLOGIES, INC 94-368 HAKAMOA ST. MILILANI, HI 96789	EXECUTIVE VP & SECRETARY	CURRENT	A
NEW HOPE LEEWARD CHURCH 94-050 FARRINGTON HWY, A-1 WAIPAHU, HI 96797	BOARD MEMBER	THRU 8/11	NONE
H.U.G.S. 3636 Kilauea Ave. Honolulu HI 96816	BOARD MEMBER	CURRENT	A
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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** (1/1/11 to date of filing), 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 checked="" type="checkbox"/> Check here if entry is None <input 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** (1/1/11 to date of filing), 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 AND NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
10245 S. MARYLAND PKWY, UNIT 2210 LAS VEGAS, NV 89108	E, CASH	UNITED WESTERN PROPERTIES
<input type="checkbox"/> Check here if entry is None <input 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** (1/1/11 to date of filing), 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 AND 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 (1/1/11 to date of filing), excluding clients represented before courts.

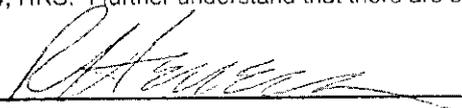
NAME OF CLIENT	NAME OF STATE AGENCY
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached	

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period (1/1/11 to date of filing), if the interest has a value of \$5,000 or more.

NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
		STATE OF HAWAII STATE ETHICS COMMISSION	*12 JUL 18 A10:23
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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. 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.

SIGNATURE 

07/18/2012

DATE