

# HAWAII STATE ETHICS COMMISSION LONG FORM DISCLOSURE OF FINANCIAL INTERESTS

**FILER**

McManaman  
Last Name

Patricia  
First Name

A  
M.I.

**FOR STATE EMPLOYEES**

Department of Human Services  
Department  
Administration  
Division  
Director  
Position

**FOR STATE BOARD/COMMISSION MEMBERS**

Board/Commission Name

**BEGIN**  
Term of Office (mm/dd/yyyy)

**END**

13 MAY 2013 PM 4:56

**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 AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State of Hawaii	E	Director, Department of Human Services
SP	Judiciary, State of Hawaii	F	Judge

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 [hawaii.gov/ethics/forms/findisc/D-201-LONGINST.pdf](http://hawaii.gov/ethics/forms/findisc/D-201-LONGINST.pdf).

F, SP, DC, JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
SP	American Century Investments	Mutual Fund	Shareholder	C
SP	Mutual Global Discovery	Mutual Fund	Shareholder	B
SP	First Trust Unit 3325	Mutual Fund	Shareholder	B
SP	Hartford Dividend Growth	Mutual Fund	Shareholder	B
SP	Hartford Money Market	Mutual Fund	Shareholder	C
SP	Templeton Global Bond	Mutual Fund	Shareholder	C
SP	American Bond HLS	Mutual Fund	Shareholder	C
SP	Mutual Global Discovery DL	Mutual Fund	Shareholder	B
SP	First Trust Unit 3325	Mutual Fund	Shareholder	B
SP	Hartford Diversity Growth	Mutual Fund	Shareholder	B

Check here if entry is None

Check here if additional sheets are attached

Continued: Item 5

SP	Hartford Money Market	Mutual Fund	Shareholder	C
SP	Templeton Gbl Bond	Bond Fund	Shareholder	C
SP	American Bond HLS	Bond Fund	Shareholder	C
SP	American Growth & Income	Mutual Fund	Shareholder	B
F	Calvert Capital Accumulation	Mutual Fund	Shareholder	B
F	Calvert Global Water	Mutual Fund	Shareholder	B
F	Baidu, Inc	Stock	Shareholder	B
F	Johnson Controls, Inc	Stock	Shareholder	B
F	EMC Corporation	Stock	Shareholder	B

**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	Wells Fargo P.O. Box 10335 Des Moines, IA 50306	H	H
F	First Hawaiian Bank 999 Bishop Street Honolulu, Hawaii 96813	C	C

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

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

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
JT	839 East Broadway Street Centralia, Illinois 62801	D	Bruce McManaman

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
<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, 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
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached				

**FILER**

Patricia McManaman

5/20/2013

Print Name of Filer (*First M.I. Last*)

Date (*m/d/yyyy*)

**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.