HAWAII STATE ETHICS COMMISSION CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

FILER						
Brock	Patric			R.		
Last Name	First Name			M.I.		
OFFICE TO WHICH YOU SEEK ELECTION						
Governor						
Lieutenant Governor						
Senate, District No						
\checkmark House of Representatives, District No. $\underline{1}$	1					
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 (1/1/2013 – 12/31/2013) for services rendered (INCLUDING INCOME EARNED FROM ANY STATE OR OTHER GOVERNMENT AGENCY), and the nature of the services rendered.						
MANUE AND ADDRESS OF SOURCE OF INCOME	AMOUNT		OFDIVIOES DENDEDED			
Patduction, PO Box 1866, Kihei, HI	811410)	pool & spa repairs			
96753						
Check here if entry is None		Ė	Check here if additional s	sheets are attached		
ITEM 2: OWNERSHIP C						
List the amount and identity of every ownership or benefici in any business in or outside of the State if the interest has						
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.						
VALUED AT \$3,000 ON MONE. Flease see management	or triis ioiiii.			VALUE OR NO.		
BUSINESS NAME AND ADDRESS Potduction DO Box 1966 Kibai LII	NATURE OF BUSIN	NESS	NATURE OF INTEREST	OF SHARES		
Patduction, PO Box 1866, Kihei, HI	technician		sole owner			
96753	lechinician					
Check here if entry is None			Check here if additional s	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 (1/1/2013 to the date of filing this form) and

the date of transfer.					
OWNERSHIP OR BENEFICIAL INTEREST TRANSFERR	RED DURING THIS DISCLO	OSURE PERIOD	DATE OF TRANSFER		
✓ Check here if entry is None		Check here if addit	ional sheets are attached		
List the name of each creditor to whom the value of \$3,0 form) and the original amount and amount outstanding. I NAME OF CREDITOR	ITEM 4: CREDITOR: 000 or more was owed dur Exclude debts from retail i	ing the disclosure period (1/1/	2013 to the date of filing this purchase of consumer goods AMOUNT OUTSTANDING		
✓ Check here if entry is None		Check here if addit	ional sheets are attached		
ITEM 5: OFFICER List every officership, directorship, trusteeship, or other f this form) in any business or organization, the term of off NAME AND ADDRESS OF BUSINESS	RSHIPS, DIRECTORSH iduciary relationship held fice, and the annual comp	during the disclosure period (1	1/1/2013 to the date of filing ANNUAL COMPENSATION		
Check have if animalia Nama		Chaok have if a 4.8%			
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 (1/1/2013 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 MAI KEY NUMBER EXISTS)	P VALUE
Check here if entry is None	Check here if	additional sheets are attached
ITEM 7: INTERESTS IN REAL PROPERTY AG	CQUIRED. EXCLUDING PERSONA	L RESIDENCE(S)
List interests in real property in or outside of the State, acquired du interest has a value of \$10,000 or more. Real property that is your	ring the disclosure period (1/1/2013 to	
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 TRA List interests in real property in or outside of the State transferred of interest has a value of \$10,000 or more. Real property that was you	luring the disclosure period (1/1/2013 t	to the date of filing this form), if the
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 (1/1/2013 to the date of filing this form), excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY			
Check here if entry is None		heck here if additional s	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 (1/1/2013 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	
Check here if entry is None		 heck here if additional s	heets are attached	
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FILER				
Patric R. Brock 07/22/2014				
Type Name of Filer (First, M.I., Last)(Signature required on this line if you are filing a paper form) 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

FORM D-301 (Revised 11/2013)

Hawaii law.