STATE OF RAWAN STATE ETHICS COMMISSION

HAWAII STATE ETHICS COMMISSION CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

FILER			-		
FLORES	VINCE		E		
Last Name	First Name		M.I.		
OFFICE TO WHICH YOU SEEK ELECTION					
Governor					
Lieutenant Governor					
Senate, District No					
House of Representatives, District No. 1	<u> </u>				
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.					
NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED			
SHANE 808 5356 KOLOA RD. KOLCA, Hi 96756	\$ 18,536	RETAIL			
Check here if entry is None		Check here if additional	sheets are attached		
List the amount and identity of every ownership or benefic in any business in or outside of the State if the interest has business. YOU ARE REQUIRED TO LIST ALL STOCKS, VALUED AT \$5,000 OR MORE. Please see Instructions f	s a value of \$5,000 or more of MUTUAL FUNDS OR OTH	isclosure period (1/1/2013 to the or is equal to 10% or more of th	e ownership of the		
Check here if entry is None		Check here if additional	sheets are attached		

Page 2 of 5

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.	

Check here if entry is None Check here if additional sheets are at	ne date of transfer.				
ITEM 4: CREDITORS List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period (1/1/2013 to the date of form) and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consun NAME OF CREDITOR ORIGINAL AMOUNT OWED OWED OWED Check here if additional sheets are at ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS is every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period (1/1/2013 to the date of this form) 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	OWNERSHIP OR BENEFICIAL INTEREST TRANSFER	RRED DURING THIS DISCLO	OSURE	PERIOD	DATE OF TRANSFER
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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 filling this form), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

CTREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MA KEY NUMBER EXISTS)	P VALUE
STREET ADDRESS	RET NUMBER EXISTS)	VALUE
Check here if entry is None	Check here if	additional sheets are attached
ITEM 7: INTERESTS IN REAL PROPERTY A	CQUIRED, EXCLUDING PERSONA	L RESIDENCE(S)
List interests in real property in or outside of the State, acquired di interest has a value of \$10,000 or more. Real property that is your	uring the disclosure period (1/1/2013 to personal residence need not be listed.	the date of filing this form), if the
STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP	AMOUNT & NATURE OF	NAME OF PERSON RECEIVING
KEY NUMBER EXISTS)	CONSIDERATION PAID	THE CONSIDERATION
Check here if entry is None	Check here if	additional sheets are attached
ITEM 8: INTERESTS IN REAL PROPERTY TRA	ANSFERRED EXCLUDING PERSON	NAL RESIDENCE(S)
List interests in real property in or outside of the State transferred	during the disclosure period (1/1/2013 t	to the date of filing this form), if the
interest has a value of \$10,000 or more. Real property that was yo	bur personal residence need not be liste	
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		
1 The same of			
Check here if entry is None	П	heck here if additional s	heets are attached
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his 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
FILER			
1/2. F. Bl			
ac 1. Ost			8/2014
Type Name of Filer (First, M.I., Last)(Signature required	on this line if you are filing a pa	pper form) Date (m.	/d/yyyy)
CERTIFICATION: By checking this box of	or signing your name on	this form, you signif	y and affirm that
you are the person whose name appears	as the "Filer" above an	d the information cor	ntained in the
form is true, correct and complete to the to you understand that there are statutory po			
Hawaii law.	enaides for failing to rep	out the information re	equired by