

A: 4/13/16

MAUI COUNTY BOARD OF ETHICS
c/o Department of the Corporation Counsel
200 South High Street
Wailuku, Maui, Hawaii 96793
Phone: 270-7740 Facsimile: 270-7152

FINANCIAL DISCLOSURE STATEMENT

Name: Lance Taguchi

This is a:
(check one)

- First-time filing
- Annual update
- Interim new information update

Daytime Telephone Number: 808-463-3192

Mailing Address: 40 Emoloa Place, Wailuku, HI 96732

I am a:
(check one)

- Candidate for public office
Name of public office: _____
Date of filing of nomination papers: _____
- Elected or appointed official of the County of Maui
Position title: County Auditor
Date of election or appointment: July 1, 2013
- Board or Commission member
Name of Board/Commission: _____
Date of appointment (month/year): _____

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ITEM 1--ANNUAL INCOME (Include retirement income)		
OCCUPATION (For Previous Calendar Year)	EMPLOYER AND BUSINESS ADDRESS	ANNUAL COMPENSATION* (see letter code below)
Yourselves: County Auditor	County of Maui 2145 Wells St., Ste. 106 Wailuku, HI 96793	F
Spouse: Cosmetologist/Owner	Nail Art Hair Salon 790 Eha St., Unit 1 Wailuku, HI 96793	C
Dependent Children: Elementary School students		A
<input type="checkbox"/> Additional sheet attached <input checked="" type="checkbox"/> None		

*For dollar amount value, please use appropriate letter code as follows:

(A) Less than \$1,000	(D) \$25,000 to \$49,999	(G) \$200,000 to \$499,999
(B) \$1,000 to \$9,999	(E) \$50,000 to \$99,999	(H) \$500,000 to \$999,999
(C) \$10,000 to \$24,999	(F) \$100,000 to \$199,999	(I) \$1,000,000 or more

ITEM 2--OTHER EARNINGS, INCOME, OR COMPENSATION IN ANY FORM		
SOURCE	ANNUAL AMOUNT OR RANGE* (see letter code below)	CONSIDERATION PERFORMED OR GIVEN FOR COMPENSATION DISCLOSED IN THIS ITEM (if any)
Interest on savings	A	None
Additional sheet attached		<input checked="" type="checkbox"/> None

ITEM 3--EACH OWNERSHIP OR BENEFICIAL INTEREST HELD IN ANY COMPANY CARRYING ON BUSINESS IN THE STATE (Including publicly traded companies in which you own stock)	
NAME, LOCATION & NATURE OF BUSINESS	PERCENT OWNERSHIP & VALUE OF YOUR INVESTMENT* (see letter code below)
TTT Salon LLC dba Nail Art Hair Salon 790 Eha St., Unit 1 Wailuku, HI 96793	50% owned 50% owned by spouse Value E
Additional sheet attached	
<input checked="" type="checkbox"/> None	

ITEM 4--IDENTIFY EACH CREDITOR INTEREST CURRENTLY HELD BY YOU IN AN INSOLVENT BUSINESS	
NAME, LOCATION OF INSOLVENT BUSINESS	AMOUNT OWED* (see letter code below)
None	
Additional sheet attached	
<input checked="" type="checkbox"/> None	

ITEM 5--YOUR PERSONAL RESIDENCE		
MORTGAGE HOLDER	PRESENT AMOUNT OWED* (see letter code below)	ADDRESS OF PROPERTY
American Savings Bank	G	40 Emoloa Place Wailuku, HI 96793
Additional sheet attached		<input checked="" type="checkbox"/> None

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- | | | |
|--------------------------|----------------------------|----------------------------|
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| (B) \$1,000 to \$9,999 | (E) \$50,000 to \$99,999 | (H) \$500,000 to \$999,999 |
| (C) \$10,000 to \$24,999 | (F) \$100,000 to \$199,999 | (I) \$1,000,000 or more |

ITEM 6--OTHER DEBT (List all creditors and current debt owed: include mortgages, car and other loans, and credit cards-- list only if balance exceeds \$10,000 at any time over the last 12 months)	
NAME OF CREDITORS	PRESENT AMOUNT OWED* (See letter code below)
Honda Financial Services	B
<input type="checkbox"/> Additional sheet attached <input checked="" type="checkbox"/> None	

ITEM 7--REAL PROPERTY INTERESTS OF ANY KIND IN MAUI COUNTY, EXCLUDING PERSONAL RESIDENCE (if owned by business entity, hui, or partnerships, indicate name of entity and general partner)			
STREET ADDRESS (IF NONE, PROVIDE TAX MAP KEY NO.)	OWNERSHIP OF PROPERTY (HOW IS TITLE HELD)	PERCENT OWNERSHIP	VALUE OF YOUR INTEREST * or TAX ASSESSMENT (see letter code below)
13 E. Waiko Rd. Wailuku, HI 96793	Jointly with Sister	50%	F
<input type="checkbox"/> Additional sheet attached <input checked="" type="checkbox"/> None			

ITEM 8--OFFICER, DIRECTOR, OR TRUSTEE POSITIONS (including companies and non-profits)		
NAME AND LOCATION OF ORGANIZATION/BUSINESS	TYPE OF POSITION HELD	NATURE OF ORGANIZATION/BUSINESS
None		
<input type="checkbox"/> Additional sheet attached <input checked="" type="checkbox"/> None		

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|--------------------------|----------------------------|----------------------------|
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ITEM 9--PERSONS, FIRMS OR ORGANIZATIONS YOU HAVE REPRESENTED BEFORE COUNTY AGENCIES IN THE LAST YEAR

NAME OF PERSON, FIRM OR ORGANIZATION	NAME OF COUNTY AGENCY	NATURE OF MATTER
None		
<input type="checkbox"/> Additional sheet attached		<input checked="" type="checkbox"/> None

ITEM 10--GIFTS: List gifts received from a single source with aggregate value of \$50 or more within the last year preceding the filing of this form (see instructions)

WHO RECEIVED GIFT (you, spouse, dependent child)	NATURE OF SOURCE, AND SOURCE'S BUSINESS ACTIVITY, IF ANY:	DESCRIPTION OF GIFT	DATE RECEIVED	VALUE OF GIFT (best estimate of value)
None				
<input type="checkbox"/> Additional sheet attached			<input checked="" type="checkbox"/> None	

REMARKS: (Additional information or disclosures)

CERTIFICATION: I hereby certify under penalty of perjury that the above is a true, correct, and complete statement.



SIGNATURE OF PERSON FILING DISCLOSURE

LANCE TAGUCHI

PRINT NAME

March 3, 2016

DATE

Amended 2012

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- | | | |
|--------------------------|----------------------------|----------------------------|
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