

COUNTY OF MAUI FINANCIAL DISCLOSURE STATEMENT

This is a: First-time filing
 (check one) Annual update
 Interim new information update

I am a: Candidate for public office
 (check one) Name of public office: _____
 Date of filing of nomination papers: _____

Elected or appointed official of the County of Maui
 Position title: Prosecuting Attorney
 Date of taking oath of office: January 2, 2015

Board or Commission member
 Name of Board/Commission: _____
 Term of Office: Beginning (month/year): _____

LEGAL NAME OF FILER:

Last: Kim First: John MI: D.

OTHER NAMES:

Please identify any other names you currently use, or have used, in public discourse or business, if any:

GENERAL INSTRUCTIONS: In accordance with the ordinances of the County of Maui and Rules of the Maui County Board of Ethics, the information provided on the following pages (Items 1 through 9) filed by Designated County Officials and Candidates shall be open to the public. Information provided by County Board or Commission Members shall be confidential and is not for public distribution.

All questions must be answered on behalf of yourself (Filer), your spouse, and all dependent children. For each item, except Items 1 and 8, use abbreviations "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets are attached". Put your name and date of filing disclosure on attached sheets. Make a copy of your completed financial disclosure form for your records for future reference.

Except when reporting gifts, disclosures need not be made by exact dollar amounts but may be reported by "range of value" and need not be reported in value less than \$1,000. You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

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

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

ITEM 1 – SOURCE OF INCOME (Include salary, wages and retirement income, except social security income for the previous calendar year)

| OCCUPATION (For Previous Calendar Year) | EMPLOYER AND BUSINESS ADDRESS | ANNUAL COMPENSATION (see letter codes) |
|--|--|---|
| Filer (Yourself): Attorney | 150 South High Street Wailuku, HI 96793 | F |
| Spouse: President/General Manager | Maui Soda & Ice Works, Ltd. 918-A Lower Main St. Wailuku, HI 96793 | E |
| Dependent Children: DC college student | Maui Soda & Ice Works, Ltd. 918-A Lower Main St. Wailuku, HI 96793 | B |

Check here if entry is None
 Check here if additional sheets are attached

ITEM 2 - OTHER EARNINGS, INCOME, OR COMPENSATION IN ANY FORM (Other gross income includes, but is not limited to: income gain from business interests, capital gain from sale of real or personal property, rental income, interest income, dividends, royalties, forgiveness of a loan, or any other income reported in your federal and state income tax returns)

| F, SP JT, DC | SOURCE OF INCOME OR COMPENSATION | TYPE OF INCOME OR SERVICES RENDERED | ANNUAL AMOUNT (see letter codes) |
|-----------------|----------------------------------|-------------------------------------|-------------------------------------|
| F | Maui Football Official Assn. | Football Official | A |
| F | Maui Pop Warner | Football Official | A |

Check here if entry is None
 Check here if additional sheets are attached

ITEM 3 - EACH OWNERSHIP OR BENEFICIAL INTEREST HELD IN ANY BUSINESS OR COMPANY DOING BUSINESS IN THE STATE OF HAWAII (Business entities include, but are not limited to, sole proprietorships, partnerships, limited partnerships, limited liability companies, publicly or closely held corporations that are held in whole or in part)

| F, SP JT, DC | NAME AND LOCATION OF BUSINESS | NATURE OF BUSINESS | PERCENT OF OWNERSHIP AND VALUE OF INVESTMENT (see letter codes) |
|-----------------|-------------------------------|---------------------|--|
| F JT | Bank of Hawaii Coca-Cola | Banking Beverage | D C |

Check here if entry is None
 Check here if additional sheets are attached

F = Filer
 SP = Spouse
 JT = Joint Tenants
 DC = Dependent Children

(A) \$1,000 to \$9,999
 (B) \$10,000 to \$24,999
 (C) \$25,000 to \$49,999

(D) \$50,000 to \$99,999
 (E) \$100,000 to \$199,999
 (F) \$200,000 to \$499,999
 (G) \$500,000 or more

| ITEM 4 – IDENTIFY EACH INSOLVENT BUSINESS THAT CURRENTLY OWES YOU A DEBT | | |
|---|---|---|
| F, SP JT, DC | NAME, LOCATION OF INSOLVENT BUSINESS | AMOUNT OWED TO YOU BY AN INSOLVENT BUSINESS (see letter codes) |
| | NONE | |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached | | |

| ITEM 5 – DEBT (List all creditors and current debt owed: Include mortgages, car and other loans, and credit cards – list only if balance exceeds \$1,000 at time of filing this disclosure) | | |
|--|---------------------------|---|
| F, SP JT, DC | NAME OF CREDITORS | PRESENT AMOUNT OWED (see letter codes) |
| JT | Bank of Hawaii - Mortgage | G |
| <input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached | | |

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 (G) \$500,000 or more

ITEM 6 - REAL PROPERTY INTERESTS OF ANY KIND IN THE STATE OF HAWAII (Exclude personal residence. If owned by business entity, hui, or partnerships, indicate name of entity and general partner)

| F, SP JT, DC | STREET ADDRESS OR TAX MAP KEY NO. | OWNERSHIP NAME OR BUSINESS NAME AND PARTNERS | PERCENT OWNERSHIP AND VALUE OF YOUR INTEREST or TAX ASSESSMENT (see letter codes) |
|-----------------|---------------------------------------|--|--|
| JT | 509 Kaa0 Circle, Kahului, HI 96732 | Residence | G |

Check here if entry is None

Check here if additional sheets are attached

ITEM 7 - OFFICER, DIRECTOR, OR TRUSTEE POSITIONS (Including companies and non-profits)

| F, SP JT, DC | NAME AND LOCATION OF ORGANIZATION/BUSINESS | TYPE OF POSITION HELD | NATURE OF BUSINESS/ORGANIZATION |
|-----------------|---|-----------------------|------------------------------------|
| F | Nobriga Ranch, Inc. | Board Member | Cattle Ranch |

Check here if entry is None

Check here if additional sheets are attached

ITEM 8 - PERSONS, FIRMS OR ORGANIZATIONS YOU (FILER) HAVE REPRESENTED BEFORE COUNTY AGENCIES CURRENTLY OR IN THE IMMEDIATE PRECEDING YEAR

| NAME OF PERSON, FIRM OR ORGANIZATION | NAME OF COUNTY AGENCY | NATURE OF MATTER |
|--------------------------------------|-----------------------|------------------|
| None | | |

Check here if entry is None

Check here if additional sheets are attached

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 (F) \$ 200,000 to \$499,999
 (G) \$500,000 or more

| ITEM 9 - GIFTS | | | |
|--|--|---|--|
| F, SP JT, DC | NATURE OF SOURCE, AND SOURCE'S BUSINESS ACTIVITY, IF ANY | DESCRIPTION OF GIFT AND DATE RECEIVED | ACTUAL VALUE OF GIFT (best estimate) |
| F | Estate of Jacqueline O. Kim | Cash | C |
| <input type="checkbox"/> Check here if entry is None | | <input type="checkbox"/> Check here if additional sheets are attached | |

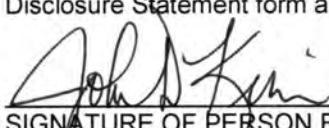
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Board of Ethics Rules Section (04-101-42)(9) states that Financial Disclosure Statements shall include "a description of any gift or gifts, valued singly or in the aggregate at \$50 or more, from a single source, received directly or indirectly by the person, the person's spouse or dependent child within the preceding twelve months, the name of the source, the date the gift was received, and an estimate of the value of the gift, provided, however, that the following need not be included:

- (A) Gifts received by will or intestate succession or by way of any inter vivos or testamentary trust established by a spouse or ancestor.
- (B) Gifts from a spouse, fiancée, any relative within four degrees of consanguinity (blood relationship) or the spouse of such a relative. A gift from any such person is a reportable gift if the person is acting as an agent or intermediary for any person not covered by this paragraph.
- (C) Political campaign contributions that comply with the law.
- (D) Gifts which are not used and which, within thirty days after receipt, are returned to the donor or delivered to a charitable organization without being claimed as a charitable organization without being claimed as a charitable contribution for tax purposes.
- (E) Exchanges of approximately equal value on holidays, birthdays, or special occasions.
- (F) Anything available to or distributed to the public generally without regard to the official status of the recipient.
- (G) Gifts offered to the County and received under chapter 3.56, Maui County Code."

REMARKS: (Additional information or disclosures)

CERTIFICATION: I hereby certify under penalty of perjury that the information contained in the Financial Disclosure Statement form above is a true, correct, and complete statement.


 SIGNATURE OF PERSON FILING DISCLOSURE

January 19, 2018
 DATE

John D. Kim
 PRINT NAME