

**MAUI COUNTY BOARD OF ETHICS**  
c/o Department of the Corporation Counsel  
200 South High Street, 3<sup>rd</sup> Floor  
Wailuku, Maui, Hawaii 96793  
Phone: 270-7740 Facsimile 270-7152

2020 APR -2 PM 4: 00

**FINANCIAL DISCLOSURE STATEMENT (FDS) RECEIVED**  
**BOARD OF ETHICS**

**LEGAL NAME OF FILER:**

Last: Razo-Porter First: Cynthia MI: M

**OTHER NAMES:**

(Please list any other names you currently use, or have used, in public discourse or business, if any.)

Cynthia Grasa

Do you have a spouse? Check (X) Yes<sup>X</sup> or No  
Do you have dependent children? Check (X) Yes or No<sup>X</sup>

**MAILING ADDRESS:**

Street and No.: 154 Upper Kimo Drive City: Kula Zip: 96790

Daytime Phone No: 808-270-7850 Email Address: Cynthia.razo@mauicounty.gov

This is a:  **First-time filing**  
Original submitted within 15 days of appointment and/or oath of office; or concurrently with nomination papers.

(check one)  **Annual update** (Due Jan. 1 – April 15 of every year)  
 **Interim "new" information update**  
Any changes on previous FDS form must be submitted within 30 days.

I am a:  **Candidate for public office**  
(check one) Name of public office/District: \_\_\_\_\_  
Date of filing of nomination papers: \_\_\_\_\_

**Elected or appointed official of the County of Maui**  
Position title: Deputy Director of Personnel Services  
Date of oath of office: July 1, 2016

**Board or Commission member**  
Name of Board/Commission: \_\_\_\_\_  
Date of appointment (month & year): \_\_\_\_\_

**ALL INFORMATION IS REQUIRED**

**FORM WILL BE RETURNED IF INCOMPLETE**

## FINANCIAL DISCLOSURE STATEMENT (FDS)

**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". Do not use "N/A".**

If additional space is required to complete an item, check "Additional Sheets Are Attached."

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 values 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 |                       |

<b>ITEM 1 – SOURCE OF INCOME</b> (Includes salary, wages and retirement income, from all sources, <b>except social security income, unemployment income, or inheritances, for the previous calendar year.</b> Identify the company, individual, or entity paying the income to you, your spouse, or dependent children.)		
OCCUPATION (For Previous Calendar Year)	BUSINESS OR ORGANIZATION NAME & ADDRESS (if any, or if self-employed)  SOURCE OF RETIREMENT INCOME (if retired)	*ANNUAL COMPENSATION (Use letter codes above)
Filer (Job Title, nature of business/organization):  Deputy Director of Personnel Services  <input type="checkbox"/> <b>Check Box If None</b>	County of Maui Department of Personnel Services 200 S. High Street Wailuku, HI 96793	E
Spouse (Job Title, nature of business/organization):  Drywall taper  <input type="checkbox"/> <b>Check Box If None</b>	Peterock LLC 1961 Vineyard Street Wailuku, HI 96793	D
Dependent Children (Job Title, nature of business/organization):  <input checked="" type="checkbox"/> <b>Check Box If None</b>		
<input type="checkbox"/> <b>CHECK HERE IF ADDITIONAL SHEETS ARE ATTACHED</b>		

**ITEM 2 – OTHER EARNINGS, INCOME, OR COMPENSATION RECEIVED 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 for the previous calendar year)

F, SP JT, DC	TYPE OF INCOME OR SERVICES RENDERED (What type of income was received in the previous year? What did you do to receive such income?)	WHERE IS INCOME OR COMPENSATION FROM? (What or who is the source?)	ANNUAL AMOUNT (Use letter codes below)
F	Rental income	rental unit at Kehalani Gardens	B
<input type="checkbox"/> Check Box If None		<input type="checkbox"/> Check Box 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	TYPE OF BUSINESS (What service do you or they provide?)	PERCENT OF OWNERSHIP AND VALUE OF INVESTMENT (Use letter codes below)
<input checked="" type="checkbox"/> Check Box If None		<input type="checkbox"/> Check Box if additional sheets are attached	

**ITEM 4 – IDENTIFY EACH INSOLVENT BUSINESS THAT CURRENTLY OWES YOU A DEBT**

F, SP JT, DC	NAME, ADDRESS/LOCATION OF INSOLVENT BUSINESS (A business unable to satisfy creditors or discharge liabilities)	AMOUNT OWED TO YOU BY AN INSOLVENT BUSINESS (Use letter codes below)
<input checked="" type="checkbox"/> Check Box If None		<input type="checkbox"/> Check Box 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 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	CURRENT AMOUNT OWED (Use letter codes below)
F F F	Central Pacific Bank, Honolulu Hawaii American Savings Bank Wells Fargo	G E A

Check Box If None

Check Box if additional sheets are attached

**ITEM 6 - REAL PROPERTY INTERESTS OF ANY KIND IN THE STATE OF HAWAII** (Exclude personal residence. If real property interests are owned by a business entity, hui, or partnerships, indicate name of entity and general partner. State percentage of each person's interest in the property and estimated value. You may use tax assessed value.)

F, SP JT, DC	STREET ADDRESS OR TAX MAP KEY NO.	OWNERSHIP NAME OR BUSINESS NAME <b>AND</b> PARTNERS	PERCENTAGE OF OWNERSHIP <b>AND</b> VALUE OF YOUR INTEREST (Use letter codes below)
F	663 Meakanu Lane	Cynthia M Razo Trust	100%, F

Check Box If None

Check Box 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 7- CURRENT OFFICER, DIRECTOR, BOARD MEMBER OR TRUSTEE POSITION(S) HELD**

(Include ALL companies and/or non-profits)

F, SP JT, DC	NAME AND ADDRESS OF ORGANIZATION OR BUSINESS	TYPE OF POSITION HELD	NATURE OF BUSINESS OR ORGANIZATION

 Check Box If None Check Box if additional sheets are attached**ITEM 8 - PERSONS, FIRMS OR ORGANIZATIONS YOU (FILER) HAVE REPRESENTED OR TESTIFIED ON BEHALF OF BEFORE COUNTY AGENCIES CURRENTLY OR IN THE 12 MONTHS PRECEDING THE DATE OF FILING**

NAME OF PERSON, FIRM OR ORGANIZATION	NAME OF COUNTY AGENCY you have gone before to represent or testify on behalf of inc: Person, Firm or Organization	NATURE OF MATTER

 Check Box If None Check Box if additional sheets are attached**ITEM 9 – GIFTS RECEIVED WITHIN THE 12 MONTHS OF DATE OF FILING**

(See instructions below with regard to "GIFTS")

F, SP JT, DC	SOURCE, AND SOURCE'S BUSINESS ACTIVITY, IF ANY	DESCRIPTION OF GIFT AND DATE RECEIVED	ACTUAL VALUE OF GIFT (Best estimate)

 Check Box If None Check Box if additional sheets are attachedF = Filer  
SP = SpouseJT = Joint Tenants  
DC = Dependent Children**GIFTS INSTRUCTIONS:**Board of Ethics Rules Section §04-101-42(a)(9) Contents of disclosure. states, 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

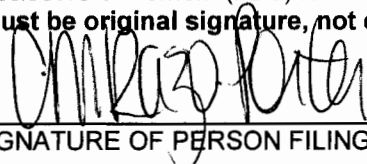
dependent child within the preceding twelve months, the name of the source, the date the gift was received, and an estimate of the value of the gift, provided, however, that the following need not be included:

- (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 consanguinity 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 (FDS) form above is a true, correct, and complete statement.

**(Must be original signature, not electronic.)**



SIGNATURE OF PERSON FILING DISCLOSURE

Cynthia M Razo-Porter

PRINT NAME

March 6, 2020

DATE

**For ALL Board and Commission Members:** Please submit your form to your Board or Commission secretary. **Do Not Submit Directly To The Board Of Ethics.**

**For Candidates for Public Office:** Please file a copy of your FDS concurrently with your nomination papers with the Office of the County Clerk (7<sup>th</sup> Floor, County Building), and your original FDS with the Board of Ethics (3<sup>rd</sup> Floor, County Building.).

**For Elected Officials and Appointed Officers:** Please file a copy of your FDS with the Office of the County Clerk (7<sup>th</sup> Floor, County Building), and your original FDS with the Board of Ethics (3<sup>rd</sup> Floor, County Building.).