



ITEM-BY-ITEM DETAILED INSTRUCTIONS FOR COMPLETING THE FINANCIAL DISCLOSURE FORM

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 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.

Answer all questions for **yourself, your spouse, and dependent child(ren)**.

Use the below abbreviations where designated on the form.

F for Filer	DC for Dependent Child(ren)
SP for Spouse	JT for Joint Interests of the spouse and filer

Complete ALL items on the form.

Do **NOT** fill empty fields with “N/A” or “None.” Check the box **if None.**

Need additional space? Check the box, “Additional Sheets Attached.”

Make a copy of your completed 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.

***For dollar amount value, please use appropriate letter code from below:**

- | | | |
|--------------------------|----------------------------|-----------------------|
| (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 | |

PAGE 1 - Filer shall complete all listed items: Name(s), Mailing address, Type of Filing, and Who is the Filer.

- First-time filing – newly elected, appointed or concurrently with nomination papers.
- Annual filer– updated annual.
- Interim filing– updated information or any changes on previous FDS form must be submitted within 30 days.
- Candidate for public office filer – filer’s office/district and date of filing nomination papers with County clerk.
- Elected or appointed official of the County of Maui filer– filer’s position title, and date of oath of office.
- Board or Commission member filer – filer’s board/commission name and date of appointment (Month & Year)

ITEM NO. 1 – Source of Income. Income means gross income as defined by the Internal Revenue Code Section 61. Report **ALL** sources (salary, wages and retirement income, self-employment) for services rendered, by you, your spouse, and dependent child(ren) for the previous calendar year and the nature of services rendered; **EXCEPT** for social security income, unemployment income, or inheritances. List the companies name and address, an individual(s) name and address, or any entity paying income to you, your spouse, or dependent child(ren).

ITEM NO. 2 - Other Earnings, Income, or Compensation Received in Any Form. Report what “type” of income was received in the previous year or what did you do to receive such income? Other gross income includes, but is not limited to: income gained 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.

ITEM NO. 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. Describe what services do you or they provide

ITEM NO. 4 – Identify Each Insolvent Business That Currently Owes You A Debt. List any business unable to satisfy creditors or discharge liabilities to you, your spouse, joint or dependent child(ren) and the amount owed.

ITEM NO. 5 – Debt. Report the name of each creditor(s) and current debt to whom you, your spouse and dependent child(ren) owe if greater than \$1,000 at time of filing this disclosure. Includes, mortgages, car loans, credit cards, and student loans.

ITEM NO. 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 held during the preceding year. Report percentage of each person’s interest in the property and estimated value. You may use tax assessed value.

ITEM NO. 7 – Officer, Director, Board Member or Trustee Position(s). List all officership, directorship, trusteeship, or other fiduciary position held currently and the previous year in a business, including corporations, associations, unions, partnerships, trusts, or foundations, and nonprofit businesses and associations. Report the annual compensation received, if any, and the term of office.

ITEM NO. 8 – Clients Represented by You (filer) Before County Agencies. List all persons, firms, or organizations, you personally have represented or testified on behalf of before County agencies currently or in the 12 months preceding the date of filing. Report which particular County agencies involved.

ITEM NO. 9 – Gifts Received Within the 12 Months Preceding Date of Filing. 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.”

MAUI COUNTY BOARD OF ETHICS
c/o Department of the Corporation Counsel
200 South High Street, 3rd Floor, Wailuku, Maui, Hawaii 96793
Phone: 808-270-7740 Facsimile: 808-270-7152

FINANCIAL DISCLOSURE STATEMENT (FDS) FORM

LEGAL NAME OF FILER:

*Last: _____ *First: _____ MI: _____

OTHER NAMES: (List other names you currently use, or have used, in public discourse or business.)

Do you have a spouse? Check (x) Yes _____ or No _____
Do you have dependent child(ren)? Check (x) Yes _____ or No _____

MAILING ADDRESS & CONTACT INFORMATION:

*Street and No.: _____ *City: _____ *Zip: _____

Daytime Phone No.: _____ *Mobile No.: _____

*Email Address: _____

This is my__ **First-time filing**
(check one) **Annual filing**
 Interim filing

I am a__ **Candidate for Public Office**
(check one) Name of Public Office or District: _____
Date of Filing of Nomination Papers: _____

Elected or Appointed Official of the County of Maui
Position Title: _____
Date of Oath of Office: _____

Board or Commission Member
Name of Board or Commission: _____
Date of Appointment (Month & Year): _____

YOU'RE REQUIRED TO COMPLETE ALL INFORMATION ON THE FORM

YOUR FORM WILL BE RETURNED IF INCOMPLETE
(PLEASE REFERENCE INSTRUCTION SHEET FOR COMPLETING FDS FORM)

ITEM 1 – SOURCE OF INCOME (from previous calendar year)		
OCCUPATION JOB TITLE, NATURE OF BUSINESS OR, TYPE OF ORGANIZATION	BUSINESS, ORGANIZATION NAME, OR SOURCE OF RETIREMENT INCOME AND THE ADDRESS	ANNUAL COMPENSATION (use letter codes)
*FILER <input type="checkbox"/> Check Box if None		
SPOUSE <input type="checkbox"/> Check Box if None		
DEPENDENT CHILD(REN) <input type="checkbox"/> Check Box if None		
<input type="checkbox"/> CHECK HERE IF ADDITIONAL SHEETS ATTACHED		

ITEM 2 – OTHER EARNINGS, INCOME, OR COMPENSATION RECEIVED IN ANY FORM			
F, SP, JT, DC	TYPE OF INCOME OR SERVICES RENDERED	WHERE IS INCOME OR COMPENSATION FROM?	ANNUAL AMOUNT (use letter codes)
<input type="checkbox"/> Check Box if None		<input type="checkbox"/> Check Box if additional sheets attached	

ITEM 3 - EACH OWNERSHIP OR BENEFICIAL INTEREST HELD IN ANY BUSINESS OR COMPANY DOING BUSINESS IN THE STATE OF HAWAII			
NAME AND ADDRESS OF BUSINESS	TYPE OF BUSINESS	% OF OWNERSHIP	VALUE OF INVESTMENT (use letter codes)
<input type="checkbox"/> Check Box if None		<input type="checkbox"/> Check Box if additional sheets attached	

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

F, SP JT, DC	NAME AND ADDRESS OF INSOLVENT BUSINESS	AMOUNT OWED BY BUSINESS (use letter codes)

 Check Box if None Check Box if additional sheets attached**ITEM 5 – DEBT**

F, SP JT, DC	NAME OF CREDITORS OR DEBT	AMOUNT OWED (use letter codes)

 Check Box if None Check Box if additional sheets attached**ITEM 6 - REAL PROPERTY INTERESTS OF ANY KIND IN THE STATE OF HAWAII**

STREET ADDRESS OR TAX MAP KEY NO.	OWNERSHIP NAME, OR BUSINESS NAME AND PARTNERS	% OF OWNERSHIP	VALUE OF YOUR INTEREST (use letter codes)

 Check Box if None Check Box if additional sheets attached**ITEM 7- OFFICER, DIRECTOR, BOARD MEMBER OR TRUSTEE POSITION(S) HELD**

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 attached

ITEM 8 - CLIENTS YOU REPRESENTED BEFORE COUNTY AGENCIES

NAME OF PERSON, FIRM OR ORGANIZATION	NAME OF COUNTY AGENCY	NATURE OF MATTER
<input type="checkbox"/> Check Box if None		<input type="checkbox"/> Check Box if additional sheets attached

ITEM 9 – GIFTS RECEIVED WITHIN THE 12 MONTHS PRECEEDING DATE OF FILING

F, SP JT, DC	SOURCE, AND SOURCE'S TYPE OF BUSINESS ACTIVITY, IF ANY	DESCRIPTION OF GIFT AND DATE RECEIVED	VALUE OF GIFT (best estimate)
<input type="checkbox"/> Check Box if None		<input type="checkbox"/> Check Box if additional sheets attached	

REMARKS: (Additional information or disclosures Filer would like to declare.)

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.

*SIGNATURE OF PERSON FILING DISCLOSURE

*DATE

*PRINT NAME