

A: 2/11/15

**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

2015 JAN 16 PM 4: 54

**FINANCIAL DISCLOSURE STATEMENT**

RECEIVED  
BOARD OF ETHICS

Name: DAVID UNDERWOOD

This is a:  
(check one)

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

Daytime Telephone Number: 270-7256

Mailing Address: 1102 MAOHE ST. WAILUKU, 96768

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: Deputy Director of Personnel Services  
Date of election or appointment: 12/31/2010
- Board or Commission member  
Name of Board/Commission: \_\_\_\_\_  
Date of appointment (month/year): \_\_\_\_\_

| ITEM 1--ANNUAL INCOME (Include retirement income)   |   |   |
|---|---|---|
| OCCUPATION<br>(For Previous Calendar Year)  | EMPLOYER AND BUSINESS<br>ADDRESS                                | ANNUAL COMPENSATION*<br>(see letter code below) |
| Yourself: <u>Deputy Dir. of<br/>Personnel Services</u>  | <u>County of Maui<br/>200 S. High St.<br/>Wailuku, HI 96793</u> | <u>F</u>  |
| Spouse: <u>Information<br/>Systems Analyst III</u>  | <u>County of Maui<br/>200 S. High St<br/>Wailuku HI</u>         | <u>E</u>  |
| Dependent Children:   |   |   |
| <input type="checkbox"/> Additional sheet attached <span style="margin-left: 200px;"><input type="checkbox"/> None</span> |   |   |

\*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*<br>(see letter code below) | CONSIDERATION PERFORMED OR GIVEN FOR<br>COMPENSATION DISCLOSED IN THIS ITEM (if any) |
| <i>Interest/Dividends</i>                                   | <i>A</i>   | <i>None</i>  |
| <input type="checkbox"/> Additional sheet attached          |  | <input type="checkbox"/> None  |

| ITEM 3--EACH OWNERSHIP OR BENEFICIAL INTEREST HELD IN ANY COMPANY<br>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*<br>(see letter code below) |
|   |  |
| <input type="checkbox"/> Additional sheet attached <input checked="" type="checkbox"/> None   |  |

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

| ITEM 5--YOUR PERSONAL RESIDENCE                    |   |                                       |
|--|---|---------------------------------------|
| MORTGAGE HOLDER                                    | PRESENT AMOUNT OWED*<br>(see letter code below) | ADDRESS OF PROPERTY                   |
| <i>Century Mortgage</i>                            | <i>H</i>  | <i>1102 Wagon St<br/>Westboro, MA</i> |
| <input type="checkbox"/> Additional sheet attached |   | <input type="checkbox"/> None         |

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- |                          |                            |                            |
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| <b>ITEM 6--OTHER DEBT</b> (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) |
|  |  |
| <input type="checkbox"/> Additional sheet attached <span style="margin-left: 200px;"><input checked="" type="checkbox"/> None</span>   |  |

| <b>ITEM 7--REAL PROPERTY INTERESTS OF ANY KIND IN MAUI COUNTY, EXCLUDING PERSONAL RESIDENCE</b> (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) |
|  |   |                   |  |
| <input type="checkbox"/> Additional sheet attached <span style="margin-left: 200px;"><input checked="" type="checkbox"/> None</span>   |   |                   |  |

| <b>ITEM 8--OFFICER, DIRECTOR, OR TRUSTEE POSITIONS</b> (including companies and non-profits)   |                       |                                 |
|--|-----------------------|---------------------------------|
| NAME AND LOCATION OF ORGANIZATION/BUSINESS   | TYPE OF POSITION HELD | NATURE OF ORGANIZATION/BUSINESS |
|  |                       |                                 |
| <input type="checkbox"/> Additional sheet attached <span style="margin-left: 200px;"><input checked="" type="checkbox"/> None</span> |                       |                                 |

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

Additional sheet attached  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<br>(you, spouse, dependent child) | NATURE OF SOURCE,<br>AND SOURCE'S<br>BUSINESS ACTIVITY,<br>IF ANY: | DESCRIPTION<br>OF GIFT | DATE<br>RECEIVED | VALUE OF<br>GIFT<br>(best estimate<br>of value) |
|---|--|------------------------|------------------|---|
|   |  |                        |                  |   |

Additional sheet attached  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

11/16/2015  
DATE

David Underwood  
PRINT NAME

Amended 2012

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- |                          |                            |                            |
|--------------------------|----------------------------|----------------------------|
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Revised 2012