Resolution

No. 25-202, FD1

ESTABLISHING THE PROCESS TO FILL THE COUNCIL VACANCY FOR THE KAHULUI RESIDENCY AREA FOR THE REMAINDER OF THE 2025-2027 TERM

WHEREAS, the Council and residents of Maui County were saddened to learn of the passing of Council Presiding Officer Pro Tempore Natalie "Tasha" Kama on October 26, 2025; and

WHEREAS, Councilmember Kama was elected to the Council seat for the Kahului residency area and served the public with dedication and integrity; and

WHEREAS, Councilmember Kama's passing created a Council vacancy for the remainder of the 2025-2027 term, which expires at noon on January 2, 2027; and

WHEREAS, because the vacancy is for less than 15 months, the Council must fill the vacancy within 30 days of its occurrence under Section 3-4, Revised Charter of the County of Maui (1983), as amended ("Charter"); and

WHEREAS; the Council wishes to establish a process to fill the vacancy; now, therefore,

BE IT RESOLVED by the Council of the County of Maui:

1. That it establishes the following process to fill the Council vacancy for the Kahului residency area for the remainder of the 2025-2027 Council term:

    a. Any Councilmember wishing to nominate an individual to fill the Council vacancy must submit to the County Clerk by noon on November 10, 2025:

        i. a proposed resolution to appoint a qualified nominee, modeled after Resolution 02-90 (Exhibit "A"); and

ii. the nominee's completed Financial Disclosure Statement form (Exhibit "B") and Application for a Nomination Paper (Exhibit "C");

b. Any individual interested in applying to fill the Council vacancy must submit to the County Clerk by noon on November 10, 2025, a completed Financial Disclosure Statement form (Exhibit "B") and Application for a Nomination Paper (Exhibit "C");

c. The County Clerk must verify to the Council Chair that the nominee meets the qualifications enumerated in Section 3-3 of the Charter; and

d. One or more resolutions to fill the vacancy will be considered at a Special Council Meeting and concurrent Public Hearing before the Council's deadline to fill the vacancy; and

e. At the Special Council Meeting, Councilmembers may interview nominees in open session, except that, upon affirmative vote of two-thirds of the members present the Council may convene an executive session to discuss matters affecting privacy under Part I, Chapter 92, Hawai'i Revised Statutes; and

2. That certified copies of this Resolution be transmitted to the Mayor, the County Clerk, and the Corporation Counsel.

paf:mkm:25-314a

INTRODUCED BY:

ALICE L. LEE

EXHIBIT "A"

Resolution

No. 02-90

APPOINTING DENNIS A. MATEO TO FILL THE
VACANCY IN THE COUNCIL FOR THE 2001-2003 TERM

WHEREAS, Council member Patrick S. Kawano passed away on June 22, 2002, creating a vacancy in the Council in the 2001-2003 term; and

WHEREAS, Section 3-4, Revised Charter of the County of Maui (1983), as amended ("Charter"), provides that, in the event a vacancy in the office of any council member shall occur, and if the unexpired term is less than fifteen months, the remaining members of the Council shall appoint a person by resolution adopted by a majority of its remaining members to fill the vacancy for the current unexpired term; and

WHEREAS, Section 3-4 of the Charter requires that the person appointed by the Council to fill a Council vacancy have the same qualifications required of a candidate elected by the voters; now, therefore,

BE IT RESOLVED by the Council of the County of Maui:

1. That Dennis A. Mateo meets the requirements as provided by law for appointment to fill a Council vacancy in accordance with Section 3-4 of the Charter; and

2. That Dennis A. Mateo is hereby appointed to fill the vacancy in the office of Council member Patrick S. Kawano for the current unexpired term ending on January 2, 2003; and

3. That certified copies of this Resolution be transmitted to the Mayor and the County Clerk.

APPROVED AS TO FORM AND LEGALITY:

BRIAN T. MOTO
First Deputy Corporation Counsel
County of Maui

S:\CLERICAL\KAO\RES\Council Vacancy.wpd

COUNCIL OF THE COUNTY OF MAUI
WAILUKU, HAWAII 96793

CERTIFICATION OF ADOPTION

It is HEREBY CERTIFIED that RESOLUTION NO. 02-90 was adopted by the Council of the County of Maui, State of Hawaii, on the 9th day of July, 2002, by the following vote:

MEMBERS	Dain P. KANE Acting Chair	Alan M. ARAKAWA	Robert CARROLL	G. Riki HOKAMA	Jo Anne JOHNSON	Michael J. MOLINA	Wayne K. NISHIKI	Charmaine TAVARES
ROLL CALL	Aye	Aye	Aye	Aye	Aye	Aye	No	Aye

COUNTY CLERK

EXHIBIT "B"

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 - First-time filing for CANDIDATES ONLY to be filed **concurrently with nomination papers.** Filer shall complete all listed items: Name(s), Mailing address, and filer's office/district and date of filing nomination papers with County clerk.

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

CANDIDATES ONLY

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 as a **Candidate for Public Office.**

Name of Public Office or District: _____

Date of Filing of Nomination Papers: _____

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** ☐ **Check Box if None**		
SPOUSE ☐ **Check Box if None**		
DEPENDENT CHILD(REN) ☐ **Check Box if None**		
☐ **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)
☐ **Check Box if None**		☐ **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)
☐ **Check Box if None**		☐ **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

☐ **Check Box if None** ☐ **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)

☐ **Check Box if None** ☐ **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

EXHIBIT "C"

Application for a Nomination Paper

State of Hawaii | 2024 Elections

Please print clearly in black ink.

The information contained on this form is public with the exception of HI Driver License or HI State ID Number, Social Security Number, Date of Birth, and Residence Address Number. If no Mailing Address is provided, Residence Address will be released to the public.

1 Full Legal Name

Last Name	First Name	Middle or Initial(s)	Suffix (Jr., III)

2 Name Commonly Known As (if different from legal name)

3

HI Driver License or HI State ID Number	If you do not have a HI Driver License or HI State ID, provide the last 4-digits of your Social Security Number	Date of Birth

4

Residence Address	City	Zip Code

Mailing Address ☐ Same as Residence Address	City	Zip Code

If your residence does not have a street address, describe the location (cross streets, landmarks).

5

Phone Number	Email Address	Website

6

Name of Contact Person, if any	Relation of Contact Person (Example: Campaign Mngr.)	Contact Person's Phone Number
Not applicable.	Not applicable.	Not applicable.

7

Felony Conviction ☐ Yes ☐ No

I am a citizen of the United States of America. ☐ Yes ☐ No
I am a resident of the State of Hawaii. ☐ Yes ☐ No
I am a registered voter of the State of Hawaii. ☐ Yes ☐ No

8

Office and District (Example: State Representative District 1, OHA At-Large Trustee State of Hawaii, Hawaii Mayor County of Hawaii)

Maui County Council, Kahului Residency Seat (Section 3-1(4), Charter of the County of Maui (1983) as amd.

Political Party or Nonpartisan (complete if you are running for U.S. Senator, U.S. Rep., State Senator, or State Rep.)	Party Member
Not applicable.	☐ Yes ☐ No

9 The information provided herein is true and correct and I hereby authorize the Chief Election Officer and/or the County Clerk to verify the above information.

Signature	Date

OFFICE USE ONLY

Issued By	Date & Time	Location	Voter Registration Cong. / Senate / House / Council	CJIS Verified ☐ Felony ☐ No Felony	Proofed in System Initials:

Filed By	Date & Time	Location	VR Verified ☐ Yes ☐ No	CSC Affidavit Filed ☐ Yes ☐ No	Filing Fee Amount	Receipt Number

Ballot Name - maximum of 27 typed spaces; including letters, spaces, and punctuation marks. May include a nickname or Hawaiian equivalent in parenthesis. Titles and slogans are not allowed. Use this format: LASTNAME, Firstname M.I., Jr. (Nickname)

Comments

Rev. 8/21/23

COUNCIL OF THE COUNTY OF MAUI

WAILUKU, HAWAII 96793

CERTIFICATION OF ADOPTION

It is HEREBY CERTIFIED that RESOLUTION NO. 25-202, FD1 was adopted by the Council of the County of Maui, State of Hawaii, on the 3rd day of November, 2025, by the following vote:

MEMBERS	Alice L. LEE Chair	Yuki Lei K. SUGIMURA Vice-Chair	Tom COOK	Gabriel JOHNSON	Tamara A. M. PALTIN	Keani N. W. RAWLINS-FERNANDEZ	Shane M. SINENCI	Nohelani U'U-HODGINS
ROLL CALL	Aye 'Ae	Aye 'Ae	Aye 'Ae	Aye 'Ae	Aye 'Ae	Aye 'Ae	Aye 'Ae	Aye 'Ae

COUNTY CLERK