

RICHELLE M. THOMSON, ESQ. **Deputy County Clerk** Ke Hope Kākau `Ōlelo Kalana

OFFICE OF THE COUNTY CLERK

KE KE`ENA O KE KĀKAU `ŌLELO KALANA **COUNTY OF MAUI** KALANA O MAUI 200 S. HIGH STREET WAILUKU, MAUI, HAWAII 96793 www.mauicounty.gov/county/clerk

www.mauicountyvotes.gov

November 13, 2025

Chair Alice L. Lee Maui County Council 200 S. High Street Wailuku, Hawaii 96793

> Nominees to fill the vacancy for the Kahului residency area seat for the remainder of the 2025-2027 term created by the passing of Councilmember Natalie "Tasha" Kama

Chair Lee,

Our office received four applications for the Kahului residency area seat by the November 10, 2025, deadline. Section 3-3 of the Charter of the County of Maui (1983), as amended ("Charter") requires that to be eligible for appointment to the Council, a person must be 1) a citizen of the United States; 2) a voter in the County; and 3) be a resident in the area of the County from which the person seeks to be elected for a period of one year before the filing of nomination papers.

One publicly submitted application was determined to not meet the qualifications listed in Section 3-3 of the Charter, due to the applicant's residence not being located within Kahului residency area. As a result, that applicant's information is not included.

The following nominees met the Charter's qualifications: Kelson Kauanoe Batangan, submitted by Councilmember Nohelani U'u-Hodgins; Carol Lee Kamekona, submitted by Councilmember Shane Sinenci; and Virgilio ("Leo") Agcolicol, self-submitted.

Their applications and financial disclosure statements are attached. Please note that the applicant's driver's license or state ID number, social security number, date of birth, and residence address (if a mailing address was November 13, 2025 Page 2

provided) have been redacted. For reference, instructions for completion of the Financial Disclosure Statement also are attached.

If you should have any questions, please let us know.

Best regards,

MOANA M. LUTEY

County Clerk

State of Hawaii | 2024 Elections

Application for a Nomination Paper

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.

	Full Legal Name										
1	Last Name		First Name			Middle or Initial(s)			(5	Suffix (Jr., III)	
	Balangan		Kelson Kauan			ioe					
2	Name Commonly Known As (if different from legal name) Kauanoe										
3	HI Driver License or HI State ID Num	ber	If you do not h or HI State ID, of your Social	provide the I	ast 4-digits			Date of	Birth		
	Residence Address	City						Zi	p Code	:	
	181 West Kauai Street				Kahului			,	96732		
4.	Mailing Address Same as R	ress	City				Zip Code				
	If your residence does not have a str	If your residence does not have a street address, describe the location (cross streets, landmarks)									
5	Phone Number Email Address aloha@kauanoebatangan.com Website										
	Name of Contact Person, if any		Relation	of Contact Pe	rson (Examp	te Campaign	Mngr)	Contact Person's Phone Number			
6	Not applicable.					Not applicable.					
7	Felony Conviction I am a citizen of the United States of America X Yes No I am a resident of the State of Hawaii. X Yes No I am a registered voter of the State of Hawaii. X Yes No										
	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.										
8.	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					
	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.										
9	Signature K	_						Date 11	6/2	25	
	Issued By V Date & Time	Locati	ion	Voter Regis Cong		House	Jau ve t	CJIS Ver	,	Proofe	ed in System
1000000	Filed By Date & Time	Lucal		VP. Venfied □ Yes □ ten	☐ Nev	lidavit Filed		Fee Amau			Number
OFFICE USE ONLY	Ballot Name - maximum: of 27 typed spaces, including letters, spaces, and punctuation marks. May include a nickname or maximum equivalent in parenthesis. Titles and slogans are not allowed. Use this format, EASTNAME, Firstname M.L. Jr. (Nickname)							ent in			
	Comments										

MAUI COUNTY BOARD OF ETHICS

c/o Department of the Corporation Counsel 200 South High Street, 3rd Floor, Walluku, Maui, Hawaii 98793 Phone: 808-270-7740 Facsimile: 808-270-7152

CANDIDATES ONLY FINANCIAL DISCLOSURE STATEMENT (FDS) FORM

LEGAL NAME OF FILER:		
*Last: Batangan	*First: Kelson	MI: K
OTHER NAMES: (List other names you Kauance	currently use, or have used, in public	•
Do you have a spouse?	Check (x) Yes X or No	
Do you have dependent child(ren)?	Check (x) Yes X or No	
MAILING ADDRESS & CONTACT	NFORMATION:	
*Street and No.: 181 West Kauai Str	eet •City: Kahului	• Zip : 96732
Daytime Phone No.:	*Mobile No.:	·
*Email Address: aloha@kauanoebat	angan.com	
This is my first time filing as a Candida:	e for Public Office.	
Name of Public Office or	District:	
Date of Filing of Nominal	ion 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 IN	COME (from previous	calend	'ar 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						_	
Executive D	Hrector		Maui 200 (i Metropolitan Planning Organiza South High Street, Walluku, HI 9	ition 18793	E	
☐ Check	Box if None						
SPOUSE							
Chief Adm	dinistrative Officer		Mau	ii Economic Opportunity Inc Aahalani Street, Waikuw, Hi 987		D	
			99 N	Manalani Street, Waltuku, Hi 967	93		
□ Check	Box If None						
DEPENDI	ENT CHILD(REN)						
☑ Check	Box if None						
		CHECK HERE IF A	DDITI	ONAL SHEETS ATTACH	3 0		
ITEM 2	OTHER EARNI	NOC WOOMS OR C		ENDATION RESERVED	MI ANN		
	OTHER EARNI	NGS, INCOME, OR C	QELFI	ENSATION RECEIVED			
F, SP, JT, DC	TYPE OF INCOM RENDERED	IE OR SERVICES				IUAL AMOUNT letter codes)	
C Check	Box if None			☐ Check Box if addition	nal ehoe	ts 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)			
Kuleana Pono Consulting LLC 181 West Kaual Street Kahului, Hi 98732			100		A		
Chask Bay H Mana			Check Boy if addition	mal abou	to ottoched		

ITEM 4-	IDENTIFY EAC	CH INSOLVENT	BUSINE	SS THAT CURRENT	TLY OWES YOU A DEBT			
F, SP JT, DC	NAME AND AD	DRESS OF INSOL	AMOUNT OWED BY BUSINESS (use letter codes)					
El Check	Box if None			☐ Check Bo	x if additional sheets attached			
ITEM 6 -	DEBT							
F, SP JT, DC					AMOUNT OWED (use letter codes)			
F	Hawaii State Fede	eral Credit Union			В			
F	Freedom Mortgag	e			F			
SP	Ald Vantage				C			
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☐ Checi	Box If None			Check Be	ox if additional sheets attached			
ITEM 6 -	REAL PROPE			Y KIND IN THE STA	TE OF HAWAII			
OR	ADDRESS KEY NO.	OWNERSHIP NAME, OR BUSINESS NAME AND PARTNERS		% of ownership	VALUE OF YOUR INTEREST (use letter codes)			
181 Wes Kahutui,	t Kausi Street HI 96732			50	G			
}								
☐ Check Box if None ☐ Check Box if additional sheets attached								
La prince dual it audituditation and creating								
ITEM 7- OFFICER, DIRECTOR, BOARD MEMBER OR TRUSTEE POSITION(S) HELD								
F, SP NAME AND ADDRESS OF TY ORGANIZATION OR BUSINESS		TYPE	OF POSITION HELD	NATURE OF BUSINESS OR ORGANIZATION				
SP Community Clinic of Maul, DBA Malama I Ke Cla Health Center 1881 Nani Street, Walikuku, Hi 96793		Director		Federally qualified health center				
☐ Check Box if None ☐ Check Box if additional sheats attached								
Page 13 CYZER FOR FORD CANDIDATES ONLY								

ITEM 8 -	ITEM 8 - CLIENTS YOU REPRESENTED BEFORE COUNTY AGENCIES							
NAME	OF PERSON, FIRM OR ORGANIZATION	NAME OF COUNTY AGENCY	NATURE OF MATTER					
₩ Chack	Box if None	☐ Check Box if additional	shoots eliteshed					
p) Cuere	BOX II RUIUS	LI CREEK BOX II BEGINGING	Statem Sitted there					
ITEM 9 -	GIFTS RECEIVED WITHIN THE 12 MA	ONTHS 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)					
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57 Chool	Pay W Mana	Check Ray If additions	I shacto ettechad					
Di Alma	Check Box if None Check Box if additional sheets attached							
REMARI	KS: (Additional information or disclosures Fi	lier would like to declare.)						
		, , , , , , , , , , , , , , , , , , ,						
CERTIFICATION: Thereby certify under penalty of perjusy that the information contained in the Financial Disclosure Statement (FDS) form above is a true, correct, and complete statement.								
IKA	116/25							
SIGNA	*SIGNATURE OF PERSON FILING DISCLOSURE *DATE							
Kelson K	Kelson Kauanoe Batangan							
PRINT	PRINT NAME							



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 \square 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
(M)	J I	JUU-	IO DB.	.933

(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 <u>ALL</u> sources (salary, wages and retirement income, self-employment) for services rendered, by you, your spouse, and dependent child(ren) for the <u>previous calendar year</u> 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. <u>Exclude personal residence</u>. 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 <u>and</u> 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."