

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

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						
	Last Name / r	First Name	Middle	or Initial(s)	Suffix (Jr., III		
	Haco'co/	VIrgilio (H	50 K				
	Name Commonly Known As (if different from legal na	ame)		1			
0.00							
3	HI Driver License or HI State JD Number.	If you do not have a HI Driver Licens or HI State ID, provide the last 4-digi of your Social Security Number	se its	Date of Birth	/		
	Residence Address H	or your social security number	Gity AH110	Zibs	1673		
4	Mailing Address Same as Residence Add	2	City	Zip C	Code		
	If your residence does not have a street address, o	describe the location (cross streets, landm	narks).				
5	Phone Number Email Addre	gcolicule yahor.	Website				
	Name of Contact Person, if any	Relation of Contact Person (Example 1)	COPT				
6	Not applicable.	American Company (Company Company Comp	mple: Campaign Mngr.)	Contact Person's Ph			
		Not applicable.		Not applicable			
7	Yes No I am a reside	on of the United States of America. Ent of the State of Hawaii. Ered voter of the State of Hawaii.	Yes No				
	Office and District (Example: State Representative District	Office and District (Example: State Representative District 1, OHA At-Large Trustee State of Hawaii, Hawaii Mayor County of Hawaii)					
8	Maui County Council, Kahului Reside				3) as amd		
	Political Party or Nonpartisan (complete if you are runn	ning for U.S. Senator, U.S. Rep., State Senat	tor, or State Rep.)	Party Member			
	Not applicable.		500.00 ±00.009 ±5000000 € 5.45 €	☐ Yes ☐ No			
	The information provided herein is true and correct information.	and I hereby authorize the Chief Election	on Officer and/or the Co	unty Clerk to verify the	ahouo		
9				t /	above		
	Signature	\supseteq		Date 06	2005		
	Issued By Date & Time Location	Voter Registration Cong Senate	House Council	CJIS Verified Pro-	ofed in System ials:		
	Filed By Date & Time Location	Yes Yes	S	ee Amount Receip	t Number		
OFFICE USE ONLY	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)						
m900	Comments			-			

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: AGCO CO "First: VITUU MI: COTHER NAMES: (List other names you currently use, or have used, in public discourse or business.)

CO AGCO CO VITGI RICO AGCO CO 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.: AN ST "City: AHULAI "Zip: 9673"

"Mobile Nc......"

"Email Address: VMGCO CO C YOLOO. Com

This is my first time filing as a Candidate for Public Office.

Name of Public Office or District: AHULUI 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)

ſ	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 Retired Check Box if None SPOUSE RETIRED		<i>{</i>	SO	Disobita CIAL SECU B pousion	rity	A C
all			,				·
₩	SPOUSE	Retire	2d	Se	com Strui	ity	B
W							
XV	Check Box if None						
	DEPENDENT CHILD(REN)						
	☑ Check Box if None						
			CHECK HERE IF A	ADDITIONAL SHEETS ATTACHED			
	ITEM 2 -	OTHER EARNI	NGS, INCOME, OR C	OMPE	ENSATION RECEIVED	IN ANY	FORM
·	F, SP, JT, DC	RENDERED	TE OR SERVICES		WHERE IS INCOME OF	≺ luse	UAL AMOUNT letter codes)
	F	DJ-0N	ani circl	ity	PACIFIC HE	D/ A	A
	IT 626 Lalani Cir		HULU! H	7	Ronfal		\mathcal{D}
N.	Chack	Box if None			Chark Boy if additi	anal abou	oto ottookod
Of the	OHOCK DOX II NORB			☐ Check Box if additional sheets attached			
		1 3 - EACH OWNERSHIP OR BENEFICIAL INTEREST HELD IN ANY BUSINESS OR COMPANY NG BUSINESS IN THE STATE OF HAWAII					
	NAME AND ADDR		TYPE OF BUSINESS	%	OF OWNERSHIP	VALUE (use lette	OF INVESTMENT
	,						
	Check Box if None		<u> </u>	1	☐ Check Box If addit	onal she	ets attached

☐ Check Box If additional sheets attached

F, SP	NAME AND AD	DRESS OF INSOLV	ENT BUS	INESS	AMOUNT OWED BY B	USINESS
JT, DC					(use letter codes)	
Check	Box if None			☐ Check Be	ox if additional sheets a	ttached
ITEM 5 –	DEBT					
F, SP JT, DC	NAME OF CRE	DITORS OR DEBT			AMOUNT OWED (use letter codes)	
F	GIHB Barch	ANT CO	957	CO	A	
FSF	Barch		•		B	
5	Barc				B	
F	CPE	3 '			B	
E	片什	B ",	11.1	_	左	
77	peni	ng MAC	-14+	7	'=	
<u>) " ل</u>	Day 15 No.	well-c	4			
п сческ	Box if None			LI Check B	ox if additional sheets:	attacneo
ITEM 6 -	REAL PROPE	RTY INTERESTS		KIND IN THE STA	TE OF HAWAII	
STREET A	ADDRESS	OWNERSHIP NAM OR BUSINESS NA		OF OWNERSHIP	VALUE OF YOUR INT	EREST
TAX MAP	KEY NO.	AND PARTNERS			(use letter codes)	
1/20	Ani	Virilia	a	11000	W. D. C.	m C
423	ST	Virgily -	1	(00%)	at I	
626	Lalani	Virginio	1	(0,00/,	12/21	a
V ~ ~ ~	CIA	179 CO (CO	ragal	(a + 1/10a)	duic	
433	ANOS	LA Calin		td' a -> >	+ 22	
☐ Check	Box if None	7,794017	7/41	□ Check Bo	x if additional sheets at	tached
ITEM 7-1	OFFICER DIR	FCTOR ROAPD	VEMBER		OSITION(S) HELD	
						
	NAME AND ADI ORGANIZATION	ORESS OF N OR BUSINESS	TYPE OF	POSITION HELD	NATURE OF BUSINES ORGANIZATION	SS UR
1						
					ļ	

ITEM 8 - CLIENTS YOU REPRESENTED BEFORE COUNTY AGENCIES					
NAME	OF PERSON, FIRM OR ORGANIZATION	NAME OF COUNTY AGENCY	NATURE OF MATTER		
7 Chack	Box if None	☐ Check Box if additions	ol chaste attached		
ITEM 9 -	- GIFTS RECEIVED WITHIN THE 12 M	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)		
	,				
□ Checl	Box if None	☐ Check Box if addition	al sheets attached		
REMAR	KS; (Additional information or disclosures F	iter would like to declare.)			
		,			
<u> </u>					
CERTIF Disclosu	ICATION: I hereby certify under penalty are Statement (FDS) form above is a true	y of perjury that the information co e, correct, and complete statemen	ontained in the Financial nt.		
*SIGNATURE OF PERSON FILING DISCLOSURE *DATE					
*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."