

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

> RE: 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

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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				First Name	irst Name Midd			Middle (or Initial(s)	(Suffix (Jr., III)	
	KAMEKONA C		CAROL	AROLLEE							*	
2	Name Commonly Known As (if different from legal name)											
3	HI Driver License or I	HI State ID Num		f you do not h or HI State ID of your Social	provide the	ast 4-digits			Date of Birth			
	Residence Address 567 KAWANA ST				KAHULI			HULU	Zip Co		te 732	
4	Mailing Address Same as Residence Address City						Zip Coo	de				
	If your residence doe	s not have a str	eet address, des	scribe the loca	alion (cross str	eets, landmar	ks).					
	Phone Number		Email Address				Webs		(
5			carolles	kamek	camekona Outlook. Www		<i>ယ. ဇ</i> ၀	w.cardleekamel		is sona	m	
_	Name of Contact Per	son, if any		Relation	of Contact Pe	erson (Examp	ole: Campai	gn Mngr.)	Contact Pers	on's Phor	ne Number	
6	Not applicable. Not applicable. Not applicable.											
7	Felony Conviction 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											
	Office and District (Example: State Representative District 1, OHA At-Large Trustee State of Hawaii, Hawaii Mayor County of Hawaii)											
8	Maui County Co	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 Membe	r					
	Not applicable.						Yes No					
	The information provi information.	ded herein is tru	ue and correct a	nd I hereby a	uthorize the C	hief Election	n Officer a	nd/or the C	ounty Clerk to v	erify the	above	
9	Signature Carolina Date											
		Date & Time	Location	n	Voter Regis Cong.	Senate	House	Council	CJIS Verified Felony No Felony	Proo	fed in System	
	Filed By	Date & Time	Location	n	VR Verified ☐ Yes ☐ No	CSC AI	fidavit File	d (Filing	Fee Amount	Receipt	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)											
	Comments											
Rev. M2	19		··									

MAUI COUNTY BOARD OF ETHICS

c/o Department of the Corporation Counsel 200 South High Street, 3rd Floor, Walluku, Maui, Hawali 96793 Phone: 808-270-7740 Facsimile: 808-270-7152

CANDIDATES ONLY FINANCIAL DISCLOSURE STATEMENT (FDS) FORM

LEGAL NAME OF FILER: *Last: KAMEKONA	*First: CAROLLEE	MI:
OTHER NAMES: (List other names you CAROL GE AVELUE	currently use, or have used, in public di	scourse or business.)
Do you have a spouse?	Check (x) Yes or No	<u> </u>
Do you have dependent child(ren)?	Check (x) Yes or No	<u>/</u>
MAILING ADDRESS & CONTACT I	•	<u>uu *zip: 96732</u>
Daytime Phone No.:		-
This is my first time filing as a Candidat	e for Public Office.	
Name of Public Office or	District:	
Date of Filing of Nominat	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 c	alend	ar year)	-	
OCCUPAT	TION		BUSII	NESS, ORGANIZATION N	IAM	
JOB TITLE, NATURE OF BUSINESS OR, TYPE OF ORGANIZATION				OURCE OF RETIREMEN ME AND THE ADDRESS	COMPENSATION (use letter codes)	
*FILER EXECUTIVE ASSISTANT TO COMPUNENTSER SINENCY			Co	way of Haw		D
☐ Check	Box if None			***		
SPOUSE						
	Box if None					
DEPENDI	ent Child(Ren)					
☑ Check	Box if None					
		CHECK HERE IF A	DDITI	ONAL SHEETS ATTACH	ED	
ITEM 2-	OTHER EARNI	NGS. INCOME. OR C	OMP	ENSATION RECEIVED	IN A	ANY FORM
F, SP,						ANNUAL AMOUNT
JT, DC	TYPE OF INCOM RENDERED	ME OR SERVICES		WHERE IS INCOME OF COMPENSATION FROM	_	(use letter codes)
F	SOCIAL SE	enes?4				B
F	MEMCARE					A
				1		
☐ Check	Box if None			Check Box if additi	one	sheets attached
		SHIP OR BENEFICIA IE STATE OF HAWAI	-	TEREST HELD IN ANY	B	USINESS OR COMPANY
NAME AND ADDRESS OF BUSINESS TYPE OF BUSINESS			%	OF OWNERSHIP		LUE OF INVESTMENT te letter codes)
1						
区 Checi	Box If None			☐ Check Box if additi	ona	sheets attached

ITEM 4-	-IDENTIFY E/	ACH INSOLVENT	BUSIN	ESS THAT CURREN	TLY OWES YOU A DEBT
F, SP NAME AND		DDRESS OF INSOL	VENT B	AMOUNT OWED BY BUSINESS (use letter codes)	
☑ Chec	k Box if None			☐ Check Bo	ox if additional sheets attached
TEM 6	- DEBT	<u></u>			
F, SP JT, DC		EDITORS OR DEBT			AMOUNT OWED (use letter codes)
•					
Y Chec	k Box if None			☐ Check B	ox if additional sheets attached
TEM 6 -	REAL PROPE	RTY INTERESTS	OF AN	Y KIND IN THE STA	TE OF HAWAII
STREET OR	ADDRESS PKEY NO.	OWNERSHIP NAI OR BUSINESS N/ AND PARTNERS	Æ.	% OF OWNERSHIP	VALUE OF YOUR INTEREST (use letter codes)
3) 1-2-	004-05O	CAROL LEE KM	iekwa		
Chec	Box if None			☐ Check Box	if additional sheets attached
TEM 7-	OFFICER. DIR	ECTOR, BOARD	VENE	R OR TRUSTEE DE	OSITION(S) HELD
F, SP JT, DC	NAME AND AD	DDRESS OF TYPE OF POSITION HELD ON OR BUSINESS			NATURE OF BUSINESS OR ORGANIZATION
	21 1 mm to 31000 30 100	IT DOUGLOO			CHOMILANION
Chart	k Box if None				III and MAD and Roll of the Control
		DIDATES ONLY		US Check Box	if additional sheets attached

Financial Disclosure Statement

Carol Lee Kamekona - Candidate for Kahului Residency Seat

Item #7 Officer, Director, Board Member or Trustee Position(s) Held:

- 1. 'Ahahui Ka'ahumanu Chapter IV, Wailuku Immediate Past President
- 2. Aha Moku o Wailuku member
- 3. Pulehunui Hawaiian Homes Association board member
- 4. Kamalani Hawaiian Homes Association President
- 5. Ho'oponopono o Makena board member
- 6. Maui Tomorrow Secretary
- 7. Malama Kakanilua board member
- 8. Stand Up Maui board member
- 9. Maui Island Community Cooperative board member

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 addition	al sheets attached		

ITEM 9 -	- GIFT'S RECEIVED WITHIN THE 12 N	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)
F	RETIREMENT	I WAS HY HOH'S BENE- FICHEN FOR HER RETIRE. HENT ACCOUNT AT HER PASSING	E
F	Praisme	AS MY MOM'S ONLY CHILD, I WAS HER BENE- FICHARY TO HER INTEREST IN THE REAL PROPERTY LISTED IN THEM # 6 OF THIS FORM	
□ Checi	Box if None	Check Box If additional	sheets attached

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

ITEM # 9 PROPERTY TAKES BLE

TEM # 9 PROPERTY TAKES BLE

CERTIFICATION: I hereby certify under penalty of Disclosure Statement (FDS) form above is a true, or	f perjury that the information contained in the Financial correct, and complete statement.
SIGNATURE OF PERSON FILING DISCLOSURE	7 Nov 2025
CAROLLER KAHEKONA 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.

	the select districtions theory designated	<u> </u>
F1	for Filer	DC for Dependent Child(ren)
SF	ofor 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	(A)	\$1	000 to	\$9 999
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(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."