MOANA M. LUTEY, ESQ.
County Clerk
Ke Kākau `Ōlelo Kalana

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

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

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)
KAHEKONA	CAROL LEE		

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
567 KAULANA ST	KAHULUI	96732
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
	carolleekamekona@outlook.com	www.carolleekamekona.com

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
Carol Lee Kahekona	

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

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: KAMEKONA *First: Carol Lee MI: _____

OTHER NAMES: (List other names you currently use, or have used, in public discourse or business.)

Carol Lee Aveeiu

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.: 567 Kaulana St *City: Kahului *Zip: 96732

Daytime Phone No.: _____ *Mobile No.: _____

*Email Address: carolleekamekona@outlook.com

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 EXECUTIVE ASSISTANT TO COUNCILMEMBER SINENCI ☐ Check Box if None	COUNTY OF MAUI	D
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)
F F	SOCIAL SECURITY MEDICARE		B A
☐ 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)
(3) 1-2-004-050	CAROL LEE KAHELEMA		

☐ 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

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 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)
F	RETIREMENT	I WAS MY MOM'S BENEFICIARY FOR HER RETIREMENT ACCOUNT AT HER PASSING	E
F	PROBATE	AS MY MOM'S ONLY CHILD, I WAS HER BENEFICIARY TO HER INTEREST IN THE REAL PROPERTY LISTED IN ITEM #6 OF THIS FORM	

☐ Check Box if None ☐ Check Box if additional sheets attached

REMARKS: (Additional information or disclosures Filer would like to declare.)
ITEM #9 PROBATE - THE REAL PROPERTY DOES NOT HAVE PROPERTY TAXES DUE

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.

Carol Lee Kahekona
*SIGNATURE OF PERSON FILING DISCLOSURE

7 Nov 2025
*DATE

CAROL LEE 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.

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."