## MICHAEL P. VICTORINO Mayor

**SANANDA K. BAZ**Managing Director





## COUNTY OF MAUI OFFICE OF THE MAYOR

200 SOUTH HIGH STREET WAILUKU, MAUI, HAWAII 96793

October 19, 2021

Honorable Michael J. Molina, Committee Chair Government Relations, Ethics, and Transparency Committee 200 South High Street Wailuku, Hawaii 96793

Dear Chair Molina:

SUBJECT: NOMINEES TO BOARDS, COMMITTEES, AND COMMISSIONS (GREAT-2)

In accordance with Section 13-2(17) of the Charter of the County of Maui, I am pleased to submit the following nomination, along with their completed application, for your review and consideration:

Council on Aging

John Tomoso (replacing Vivian Lindsey)

Term Expiration 3/31/22

If you have any questions on this matter, please contact Ipo Mossman, Community Liaison, Office of the Mayor, at 270-8211.

Sincerely,

MICHAEL P. VICTORINO

Michael P. Vit

Mayor

MPV:im:ri Attachments

## Resolution

| No. |  |
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## RELATING TO THE APPOINTMENT OF JOHN TOMOSO TO THE COUNCIL ON AGING

WHEREAS, by correspondence dated October 18, 2021, Mayor Michael P. Victorino notified the Council that he nominated John Tomoso to the Council on Aging for a term expiring March 31, 2022, to fill a vacancy replacing Vivian Lindsey, pursuant to Sections 2.34.020, 2.34.030 and 2.40.010, Maui County Code and Section 13-2, Revised Charter of the County of Maui (1983), as amended, ("Charter"); and

WHEREAS, Section 13-2, Charter, requires the Mayor's nominee to be approved by the Council; and

WHEREAS, Section 13-2(17), Charter, requires the Council to approve or disapprove the nominee within sixty (60) days after the Mayor submits the nominee to the Council; now, therefore,

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

- 1. That it approves the appointment of John Tomoso to serve on the Council on Aging for a term expiring March 31, 2022; and
- 2. That the Council expresses its gratitude and appreciation to John Tomoso for his willingness to be considered for public service and actively participate in County government; and
- 3. That certified copies of this Resolution be transmitted to the Mayor, the Managing Director, and the Corporation Counsel.

APPROVED AS TO FORM AND LEGALITY:

/s/ Mimi Desjardins

MIMI DESJARDINS
Deputy Corporation Counsel
County of Maui
2021-0029
2021-10-18 COA Tomoso replace Lindsey



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| lease print or type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                               | OE O                           | 器            | m             |
| Name: Tomoso, John Anson Hau'oli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                                                               |                                | _ m          | CH            |
| (Last) City of Residence: Kahi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ului                                                                                                                     | (First) Island: Maui                                                                                          | H                              | A (1         | Full Middle N |
| Current Employer & Po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | sition: Retired                                                                                                          |                                                                                                               | HAY                            | 0 :4         | 03            |
| Business<br>Phone: e08-260-1749                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business<br>Fax:                                                                                                         | Business Email (optional):                                                                                    | ×                              | 0            |               |
| Please indicate why you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | u are interested in serving                                                                                              | and what skills you may have to contribu                                                                      | ute:                           |              |               |
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| Applicate and aging in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | neresis can continue be o                                                                                                | of assistance to Seniors of Maui County,                                                                      | wno are active                 | ely aging    | with me.      |
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| to we have a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          | Social Worker in Various settings in State                                                                    | and County                     | 30vernine    | ents          |
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| ommunity and Profession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Jidi Olgulizations Activit                                                                                               | ues.                                                                                                          |                                |              |               |
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statements are true and accurate to the best of my knowledge. Signature:

Date: 09-14-21

Most board/commission appointments are subject to confirmation by the Maui County Council. Most of these positions are Tve-year terms. If you are selected as a nominee, the information contained on this form will be provided to the public in request.

Please send completed forms to OFFICE OF THE MAYOR, 200 SOUTH HIGH STREET, WAILUKU, HAWAII 96793; or email to Ipo.Mossman@mauicounty.gov. For further information, call 270-8211; on Lana'i, call 1-800-272-0125; on Moloka'i,