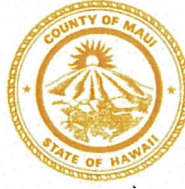


MICHAEL P. VICTORINO
Mayor

SANDY K. BAZ
Managing Director



OFFICE OF THE MAYOR
COUNTY OF MAUI
200 S. HIGH STREET
WAILUKU, MAUI, HAWAII 96793
www.mauicounty.gov

April 23, 2019

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

Dear Chair Molina:

SUBJECT: **APPOINTMENT AND REMOVAL OF ADMINISTRATIVE
HEADS OF DEPARTMENTS (CORPORATION COUNSEL)
(GET-1(2))**

Per your request by memo dated April 18, 2019, enclosed is the Financial Disclosure Statement for Acting Corporation Counsel Moana M. Lutey.

Thank you for your consideration of this appointee. Should you have any questions or concerns, please do not hesitate to call me at ext. 7202.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandy Baz".

SANDY BAZ
Acting Mayor

Enclosure

MAUI COUNTY BOARD OF ETHICS
c/o Department of the Corporation Counsel
200 South High Street, 3rd Floor
Wailuku, Maui, Hawaii 96793
Phone: 270-7740 Facsimile 270-7152

2019 APR 22 AM 10: 24

FINANCIAL DISCLOSURE STATEMENT (FDS)

RECEIVED
BOARD OF ETHICS

LEGAL NAME OF FILER:

Last: Lutey First: Moana MI: M

OTHER NAMES:

(Please identify any other names you currently use, or have used, in public discourse or business, if any)

Moana Ramaya

Do you have a spouse? Check (X) Yes _____ or No X

Do you have dependent children? Check (X) Yes _____ or No X

MAILING ADDRESS:

Street and No: P.O. Box 1369 City: Kihei Zip: 96753

Daytime Phone No: 808-276-7579 Email Address moana.lutey@co.maui.hi.us

This is a: ☒ First-time filing (Original within 15 days of appointment and/or oath of office; or concurrently with nomination papers)

(check one) ☐ Annual update (Due Jan. 1 – April 15 of every year)

☐ Interim new information update (Due within 30 days of any changes to info on previous FDS form)

I am a: ☐ **Candidate for public office**

(check one) Name of public office/District: _____

Date of filing of nomination papers: _____

☒ **Elected or appointed official of the County of Maui**

Position title: Acting Corporation Counsel

Date of oath of office: 4/9/19

☐ **Board or Commission member**

Name of Board/Commission: _____

Date of appointment (month/year): _____

ALL INFORMATION IS REQUIRED. FORM WILL BE RETURNED IF INCOMPLETE

FINANCIAL DISCLOSURE STATEMENT

GENERAL INSTRUCTIONS: 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 (Items 1 through 9) 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.

All questions must be answered on behalf of yourself (Filer), your spouse, and all dependent children. For each item, except items 1 and 8, use abbreviations "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer. **All items on the form must be completed. If you have no information to disclose under a particular item, check "None". Do not use "N/A".** If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure 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 from the following codes:

*For dollar amount value, please use appropriate letter code as follows:

- | | | |
|--------------------------|----------------------------|-----------------------|
| (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 | |

ITEM 1 – SOURCE OF INCOME (Includes salary, wages and retirement income, from all sources, except social security income, unemployment income, or inheritances, for the previous calendar year. Identify the company, individual, or entity paying the income to you, your spouse, or dependent children.)		
OCCUPATION TITLE (For Previous Calendar Year)	EMPLOYER AND EMPLOYER ADDRESS (If retirement add source.) (Source of Income)	ANNUAL COMPENSATION (see letter codes)
Filer (Your Occupation): Deputy Corporation Counsel <input type="checkbox"/> Check here if entry is No Income	County of Maui 200 S. High Street Wailuku, HI 96793	E
(Your Spouse's Occupation) N/A <input type="checkbox"/> Check here if entry is No Income		
Occupation of Dependent Children N/A <input type="checkbox"/> Check here if entry is No Income		
<input type="checkbox"/> Check here if additional sheets are attached		

ITEM 2 - OTHER EARNINGS, INCOME, OR COMPENSATION IN ANY FORM (Other gross income includes, but is not limited to: income gain 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 for the previous calendar year)

F, SP JT, DC	SOURCE OF INCOME OR COMPENSATION (Who is the income from?)	TYPE OF INCOME OR SERVICES RENDERED (What are you receiving the income for?)	ANNUAL AMOUNT (see letter codes)

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 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)

F, SP JT, DC	NAME AND LOCATION OF BUSINESS	NATURE OF BUSINESS	PERCENT OF OWNERSHIP AND VALUE OF INVESTMENT (see letter codes)

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 4 - IDENTIFY EACH INSOLVENT BUSINESS THAT CURRENTLY OWES YOU A DEBT

F, SP JT, DC	NAME, ADDRESS/LOCATION OF INSOLVENT BUSINESS (A business unable to satisfy creditors or discharge liabilities)	AMOUNT OWED TO YOU BY AN INSOLVENT BUSINESS (see letter codes)

☒ Check here if entry is None ☐ Check here if additional sheets are attached

F = Filer
SP = Spouse
JT = Joint Tenants
DC = Dependent Children

(A) \$1,000 to \$9,999
(B) \$10,000 to \$24,999
(C) \$25,000 to \$49,999

(D) \$50,000 to \$99,999
(E) \$100,000 to \$199,999
(F) \$200,000 to \$499,999
(G) \$500,000 or more

ITEM 5 – DEBT (List all creditors and current debt owed: Include mortgages, car and other loans, and credit cards – list only if balance exceeds \$1,000 at time of filing this disclosure)

F, SP JT, DC	NAME OF CREDITORS	PRESENT AMOUNT OWED (see letter codes)
F	Quicken Loans - mortgage	F
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached		

ITEM 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. State percentage of each person's interest in the property and estimated value. You may use tax assessed value.)

F, SP JT, DC	STREET ADDRESS OR TAX MAP KEY NO.	OWNERSHIP NAME OR BUSINESS NAME AND PARTNERS	PERCENT OWNERSHIP AND VALUE OF YOUR INTEREST (see letter codes)
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

F = Filer
 SP = Spouse
 JT = Joint Tenants
 DC = Dependent Children

(A) \$1,000 to \$9,999
 (B) \$10,000 to \$24,999
 (C) \$25,000 to \$49,999

(D) \$50,000 to \$99,999
 (E) \$100,000 to \$199,999
 (F) \$ 200,000 to \$499,999
 (G) \$500,000 or more

ITEM 7 - OFFICER, DIRECTOR, BOARD MEMBER OR TRUSTEE POSITIONS (Include companies and non-profits)			
F, SP JT, DC	NAME AND ADDRESS OF ORGANIZATION/BUSINESS	TYPE OF POSITION HELD	NATURE OF BUSINESS/ORGANIZATION

☒ Check here if entry is None
 ☐ Check here if additional sheets are attached

ITEM 8 - PERSONS, FIRMS OR ORGANIZATIONS YOU (FILER) HAVE REPRESENTED OR TESTIFIED ON BEHALF OF BEFORE COUNTY AGENCIES CURRENTLY OR IN THE 12 MONTHS PRECEDING THE DATE OF FILING		
NAME OF PERSON, FIRM OR ORGANIZATION	NAME OF COUNTY AGENCY you have gone before to represent or testify on behalf of Person, Firm or Organization	NATURE OF MATTER

☒ Check here if entry is None
 ☐ Check here if additional sheets are attached

ITEM 9 - GIFTS RECEIVED WITHIN THE 12 MONTHS OF DATE OF FILING (See instructions below with regard to gifts)			
F, SP JT, DC	SOURCE, AND SOURCE'S BUSINESS ACTIVITY, IF ANY	DESCRIPTION OF GIFT AND DATE RECEIVED	ACTUAL VALUE OF GIFT (best estimate)

☒ Check here if entry is None
 ☐ Check here if additional sheets are attached

F = Filer
 SP = Spouse

JT = Joint Tenants
 DC = Dependent Children

Gifts:

Board of Ethics Rules Section (04-101-42)(9) states that 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.

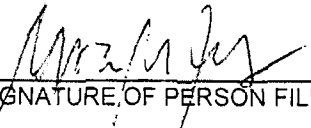
(E) Exchanges of approximately equal value on holidays, birthdays, or special occasions.

(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."

REMARKS: (Additional information or disclosures)

CERTIFICATION: I hereby certify under penalty of perjury that the information contained in the Financial Disclosure Statement form above is a true, correct, and complete statement. **(Must be original signature, not electronic.)**


SIGNATURE OF PERSON FILING DISCLOSURE
Moana M. Lutey

4/22/19

DATE

PRINT NAME

For Board and Commission members: Please submit your form through your Board or Commission secretary. **Do not submit directly to the Board of Ethics.**

For Candidates for Public Office: Please file a copy of your FDS concurrently with your nomination papers with the Office of the County Clerk (7th Floor, County Building), and your original FDS with the Board of Ethics (3rd Floor, County Building.)

For Elected Officials and Appointed Officers: Please file a copy of your FDS with the Office of the County Clerk (7th Floor, County Building), and the original with the Board of Ethics (3rd Floor, County Building.)