



**KAUA'I COUNTY BOARD OF ETHICS
DISCLOSURE STATEMENT
INSTRUCTION SHEET**

- I. **WHO MUST FILE.** The Mayor, Council persons, Prosecuting Attorney, all department heads and deputies, members of boards and commissions, the purchasing agent, and all candidates for elective office.
- II. **WHEN TO FILE.** Disclosure forms must be filed within thirty (30) days of taking office or within seven (7) days of filing nomination paper as a candidate for office, as in the case may be. Section 3-1.9, Kaua'i County Code 1987; Section 20.04, Charter of the County of Kaua'i.
- III. **WHAT TO FILE.** Charter §20.04 says you must file a list of all property in which you have a right, title, or interest, a list of all business firms which contract for county business in which you have any interest, all places of your employment including part-time employment, all sources and amounts of income, business, ownership, officer and director positions, debts, creditor interests in insolvent businesses, and the names of persons represented before government agencies.
- IV. **AMENDMENTS.** Disclosure forms must be updated within thirty (30) days of any change in information requiring disclosure.
- V. **PENALTY FOR FAILURE TO FILE.** A violation of any provision of the Code of ethics of the Charter of the County of Kaua'i shall be cause for fine, suspension, or removal from office or employment.
- VI. **WHERE TO FILE.** All Disclosure Statements should be filed by mail or in person, addressed as follows:

**Kaua'i County Board of Ethics
c/o Office of Boards and Commissions
Mo'ikeha Building
4444 Rice Street, Suite 150
Lihu'e, Kaua'i, Hawai'i 96766**

**We suggest you make and retain a copy for your personal records.
DISCLOSURE FORMS ARE PUBLIC RECORD**



**BOARD OF ETHICS
COUNTY OF KAUA'I**

DISCLOSURE STATEMENT

THIS DOCUMENT SHALL BECOME A PUBLIC RECORD AFTER THE BOARD OF ETHICS HAS EXAMINED IT AND DEEMED IT TO BE COMPLETE

I. GENERAL INFORMATION

NAME:

(First)

(Middle)

(Last)

Name of spouse: _____

POSITION TITLE: Indicate your elected or appointed County position, Board or Commission, or the public office you are filing for:

I am a Candidate for Public Office: _____
(Name of Public Office)

I am an Elected or Appointed official for Kaua'i County: _____
(Position Title)

I am an Appointed member of a Board or Commission: _____
(Name of Board or Commission)

II. EMPLOYMENT – List all employment other than County employment (including part-time)

Employer

Position

Employer	Position
_____	_____
_____	_____
_____	_____
_____	_____

III. CURRENT ANNUAL INCOME – List all sources and amounts of income greater than \$1,000 (i.e. wages, income from rental or real estate, loan repayments, stock dividends, interest on savings or bonds, retirement income, social security, etc.) including your County of Kaua'i income.

Source (Required: name of company)

Current Annual Income (Round to the nearest \$10,000. If more than \$100,000, you may list > \$100,000)

Source	Current Annual Income
_____	_____
_____	_____
_____	_____
_____	_____

IV. **BUSINESS INTEREST** – List all business, partnerships, or sole proprietorships and the percentage of interest in which you have an interest (please identify acronyms appropriately).

Business Name	Percent Ownership Interest	Check here if business contracts with the County
_____		<input type="checkbox"/>

V. **POSITION HELD IN BUSINESS OR ORGANIZATION** – List in the space below the information requested for all organization (whether corporations, non-profit corporations, unincorporated organization, partnerships, etc., and identify acronyms appropriately) in which you are an official of the organization (for example, president, vice-president, secretary, treasurer, trustee, agent, board member, etc.)

Organization Name	Position

VI. **CREDITORS** – List the name of every person, business, organization, or corporation (excluding credit cards) to whom you owe money.

VII. **REAL PROPERTY** – List the street address or tax map key number of any real estate in which you have an interest. (Pursuant to the Constitution of the State of Hawai'i, Article XIV)

Address/Location	Tax Map Key Number

VIII. **REPRESENTATION BEFORE GOVERNMENT AGENCIES** – List the names of all persons, corporations, organizations, partnerships, etc. that you have represented before any government agency, (Federal, State, or County) board, or commission in the last five years:

Name of person, company, etc.	Board/Commission/Agency	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

IX. **CREDITOR INTEREST IN INSOLVENT BUSINESSES** – List the name of any insolvent business which owes money to you.

X. **CERTIFICATION – MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

I hereby certify that the above statement made by me are true, complete, and accurate to the best of my knowledge and belief. I further understand that if I acquire or possess an interest that might reasonably tend to create a conflict of interest with my duties or authority, or I or a member of my immediate family, which includes parents, siblings, spouse, or children, is an owner, officer, executive director, or director of an organization in any matter pending before me, I shall make full disclosure of the conflict of interest and shall not participate in said matter.

Signature

Document Date: _____ *# Pages:* _____
Document Description: _____

Notary Name: _____ *Circuit* _____
Subscribed and sworn before me this _____ *day of* _____, 20____

Notary Public, State of Hawai'i
My Commission Expires: _____