



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

**I. WHO MUST FILE.** The Mayor, Councilpersons, Prosecuting Attorney, Managing Director, heads and deputies of all departments, agencies, and divisions, members of boards and commissions, the purchasing administrator, regulatory employees, and all candidates for elective office.

Regulatory Employees include:

- Supervisors of inspectors employed by the Department of Public Works
- Inspectors employed by the Department of Public Works
- Supervisors of liquor control investigators
- Liquor control investigators
- Buyers and purchasing agents
- Supervisors of real property tax appraisers
- Real property tax appraisers
- Supervisors of planners or inspectors employed by the Planning Department
- Planners employed by the Planning Department
- Inspectors employed by the Planning Department
- Supervisors of fire prevention inspectors
- Fire prevention inspectors
- Supervisors of housing quality standards inspectors
- Housing quality standards inspectors
- Supervisors of motor vehicle inspectors
- Motor vehicle inspectors
- Supervisors of inspectors employed by the Department of Water
- Inspectors employed by the Department of Water
- The County Auditor
- Auditors employed by the County Auditor
- Analysts employed by the County Auditor

**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 may be filed on-line, or by mail or in person to the address as follows:

**Kaua'i County Board of Ethics  
c/o Office of Boards and Commissions  
Pi'ikoi Building  
4444 Rice Street, Suite 300  
Lihue, Kaua'i, Hawai'i 96766**

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



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

**DISCLOSURE STATEMENT**

**THIS DOCUMENT SHALL BECOME A PUBLIC RECORD WHEN RECEIVED BY THE OFFICE OF BOARDS AND COMMISSIONS EXCEPT WHERE PROHIBITED. PLEASE COMPLETE ALL SECTIONS, USE N/A IF YOU HAVE NOTHING TO REPORT FOR A PARTICULAR SECTION.**

**I. GENERAL INFORMATION**

NAME:

\_\_\_\_\_ (First)

\_\_\_\_\_ (Middle)

\_\_\_\_\_ (Last)

Name of spouse: \_\_\_\_\_

POSITION TITLE: Indicate your 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: the Mayor; a Councilperson; the Prosecuting Attorney; the Managing Director; a head or deputy of a department, agency, or division; the purchasing administrator; or a regulatory employee:  
\_\_\_\_\_  
(Position Title/Department)

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

**II. EMPLOYMENT – List all current employment other than County employment (including part-time). Please identify acronyms appropriately.**

Employer	Description of Business Activity	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)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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	Description of Business Activity	Percent Ownership Interest	Check here if business contracts with the County
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<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	Description of Organization Activity	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**

I hereby swear under oath and certify, under penalty of perjury, and pursuant to HRS § 710-1061, that all of the information provided in this report is true and correct. I understand that providing false information may be a violation of Federal and State law. 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

\_\_\_\_\_  
Date