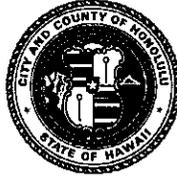


**OFFICE OF THE MAYOR
CITY AND COUNTY OF HONOLULU**

530 SOUTH KING STREET, ROOM 300 • HONOLULU, HAWAII 96813
PHONE: (808) 768-4141 • FAX: (808) 768-4242 • INTERNET: www.honolulu.gov



KIRK CALDWELL
MAYOR

EMBER LEE SHINN
MANAGING DIRECTOR
GEORGETTE T. DEEMER
DEPUTY MANAGING DIRECTOR

August 30, 2013

RECEIVED
CITY CLERK
& C OF HONOLULU
2013 AUG 30 AM 11:15

The Honorable Ernest Y. Martin, Chair
and Members
Honolulu City Council
530 South King Street, Room 202
Honolulu, Hawaii 96813

Dear Chair Martin and Councilmembers:

Pursuant to Section 13-103(b) of the Revised Charter of the City and County of Honolulu, I hereby appoint, subject to confirmation by your Honorable Body, Ethel L. Fleming as a member of the Civil Service Commission. Ms. Fleming will succeed Robert T. Iinuma and serve for a term to expire on June 30, 2017. I would appreciate your favorable consideration of Ms. Fleming's appointment and request adoption by the City Council in the most expedient manner possible.

I have enclosed Ms. Fleming's personal information form for your review. For any general inquiries you may have regarding this appointment, please contact my executive assistant, Justin Gruenstein, at 768-6603.

Sincerely,

A handwritten signature in black ink, appearing to be "Kirk Caldwell".

Kirk Caldwell
Mayor

Enclosure

cc: Ms. Ethel L. Fleming
Department of Human Resources
Civil Service Commission
Ethics Commission

CITY AND COUNTY OF HONOLULU
MAYOR APPOINTMENT / BOARD OR COMMISSION MEMBER
NOMINATION FORM

1. Position Nominated to: Civil Service Commission Member
2. Name: ETHEL LOU FLEMING
(First) (Middle) (Last)
3. Are you a citizen of the United States? Yes No
Are you a resident of the City and County of Honolulu? Yes No
If yes, how long 69 yrs
Are you a registered voter in the City and County of Honolulu? Yes No
4. Political affiliation (Civil Service Commission and Liquor Commission nominees only) Democrat
5. Occupation: Retired Social worker
6. Name and address of employer or firm:
State of Hawaii, Dept. of Human Services, P.O. Box 339, Honolulu, HI 96809
7. Does your employer do any business with the City and County of Honolulu?
Yes No If yes, state the nature of business and approximate dollar amount in the last five years:
n/a
8. Do you or does any member of your immediate family hold office or own stock in any firm?
Yes No
9. Does the firm do business with the City and County of Honolulu? Yes No
If yes, provide details including the name(s) of the firm:
10. Do you have any part-time employment, professional activity, or financial interests other than those indicated in the previous question? Yes No
If yes, provide details:
7-Eleven Sales Associate on Sundays
11. Do you foresee any possible conflict between your present work, financial investments, business transactions or any other activity which would be incompatible with the proper discharge of your official duties or hinder you from effectively carrying out the duties for which you have been appointed? Yes No
12. Are any members of your family employed by the City and County of Honolulu or any attached agency? Yes No If yes, please specify the department and division:
13. Are there any incidents in your past that may jeopardize your nomination
Yes No

14. Have you ever been convicted of a felony? If yes, provide details:

no

15. Education:

Kalani H.S. 1962

~~University of Hawaii-Manoa B.A. 1966; University of Hawaii-Manoa M.S.W. 1975~~

16. Provide a summary of major work experience for the last ten (10) years. Begin with your present job including military (attach additional sheets if necessary or resume);

Write policies/procedures re: child care issues; procure social services per Chap. 103F

Evaluate/Monitor contracts; Conduct meetings with community child care stakeholders

17. Community activities, etc. (also list any service on any other board or commission Federal, State or County):

Boy Scouts; HGEA State Board, Director; Friends of JABSOM

18. Have you ever been a member of a board or commission with the City and County of Honolulu?

Yes No If yes, provide name(s) of board/commission:

19. Will you be able to commit to the full term of this appointment? Yes No

20. Will you be able to commit to meeting dates and times? Yes No

21. Are you regularly away from Honolulu? Yes No If yes, please explain:

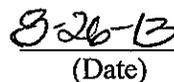
22. Are you willing to make a confidential financial disclosure to the city Ethics Commission upon appointment and yearly thereafter? Yes No

23. What do you understand to be the prime duties of your county appointment?

Review City employment complaint issues to help decide resolution.

The above statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.


(Signature)


(Date)

The completed form and any attachment(s) will be posted by the City Clerk and available on the City's DocuShare Website.

Office of the City Clerk
CITY AND COUNTY OF HONOLULU
STATE OF HAWAII

Certificate

I, Bernice Mau, City Clerk of the City and County of Honolulu, State of Hawaii do hereby certify that,

ETHEL L. FLEMING

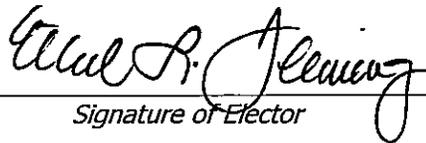
a resident of the City and County of Honolulu, State of Hawaii is a duly registered elector (voter) of the

Precinct 02 *Representative District* 23 *, State of Hawaii*

Affidavit No. 0134483 *Registration Date:* 09/02/64

Birth Date:

*In Witness Whereof, I have hereunto set my hand and caused the Seal of the City and County of Honolulu
to be affixed this 27 August 2013.*



Signature of Elector



*City Clerk
City and County of Honolulu
State of Hawaii*