

## SUPREME COURT CLERK'S OFFICE 417 SOUTH KING STREET HONOLULU, HAWAI'I 96813-2912

Before completing this form please read the instructions for Financial Disclosure Statement,

A - Less than \$1,000

B - At least \$1,000 but less than \$10,000

C - At least \$10,000 but less than \$25,000

D - At least \$25,000 but less than \$50,000

E - At least \$50,000 but less than \$100,000

F - At least \$100,000 but less than \$150,000

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.

amount, the following financial range codes may be used.

G - At least \$150,000 but less than \$250,000 H - At least \$250,000 but less than \$500,000

I - At least \$500,000 but less than \$750,000

J - At least \$750,000 but less than \$1,000,000

K -\$1,000,000 or more

including the text of Supreme Court Rule 15. REMINDER: For all items requiring a monetary

## FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed Supreme Court** SCFD-11-0000205 28-FEB-2012 02:11 PM

(Type or Print Clearly) NAME OF SPOUSE OR DOMESTIC PARTNER: Fujino Melvin Н NAME: (FIRST) (MIDDLE) NA 67-5187 Kamamalu St. OFFICE ADDRESS: No. of Dependent Children: (Do not include names) NUMBER, STREET CITY OR TOWN: Kamuela, HI ZIP CODE: 96743 NA JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE Dist. Fam. Court Judge 12-19-08 808-443-2030 CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 11 ANNUAL INCOME JUDICIAL COMPENSATION RSCH 15(d)(1) F ITEM JUDGE'S OTHER INCOME RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) EMPLOYER/LAW FIRM **BUSINESS ADDRESS** ANNUAL INCOME NA INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN ITEM RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) **EMPLOYER** ANNUAL INCOME NA



| ITEM 4<br>RSCH 15(d)(1)         | ANY OTHER INCOME, FOR SERVICES RENDERED, IN EXCESS OF \$1,000 - INCOME DISCLOSED IN ITEMS 1 - 3 NEED NOT BE REPEATED HERE |                                                                                          |                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |  |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|
| Rental                          | SOURCE                                                                                                                    | Income from                                                                              | RE OF SERVICES REN<br>Rental                      | DERED                                   | С                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AMOUNT                                    |  |
|                                 | · · · · · · · · · · · · · · · · · · ·                                                                                     |                                                                                          |                                                   | *************************************** | man a managaman and managaman |                                           |  |
| U                               | Check here if entry is None                                                                                               | Check here if you                                                                        | Check here if you have attached additional sheets |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |  |
| ITEM 5<br>RSCH 15(d)(2)         |                                                                                                                           |                                                                                          |                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |  |
|                                 | NAME OF BUSINESS                                                                                                          | NATURE                                                                                   | OF BUSINESS                                       | NATURE OF INTERE                        | EST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ENTER AMOUNT<br>OR NO. OF SHARES          |  |
| ☑ Check here if entry is None ☐ |                                                                                                                           | Check here if you                                                                        | Check here if you have attached additional sheets |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |  |
| ITEM 6<br>RSCH 15(d)(2)         | OWNERSHIP OR BENEFICIAL INTER                                                                                             | OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD. |                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |  |
|                                 | NAME OF BUSINESS                                                                                                          | DATE O                                                                                   | F TRANSFER                                        | VALUE                                   | OF TRAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NSFER                                     |  |
| ☑ Check here if entry is None   |                                                                                                                           | Check here if you                                                                        | Check here if you have attached additional sheets |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |  |
| ITEM 7<br>RSCH 15(d)(3)         | LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.                    |                                                                                          |                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |  |
| D/                              | NAME OF BUSINESS  Check here if entry is None                                                                             | Check here if you                                                                        | TITLE AND                                         | O TERM OF OFFICE                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COMPENSATION<br>(enter amount or<br>NONE) |  |

| ITEM 8<br>RSCH 15(d)(4)                                                                                           | LIST CREDITORS, C<br>PERIOD. LIST CRE | OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE EDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE. |                                                         |                         |                          |  |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------|--------------------------|--|
| American<br>Bank of A<br>Wells Far                                                                                |                                       |                                                                                                                                                         | ORIGINAL AM G H                                         | OUNT OWED AMO           | DUNT OWED AT END OF YEAR |  |
|                                                                                                                   | Check here if entry is N              | lone Chec                                                                                                                                               | k here if you have attached ad                          | ditional sheets         |                          |  |
| ITEM 9<br>RSCH 15(d)(5)                                                                                           | REAL PROPERTY IN                      | N THE STATE IN WHICH IS F                                                                                                                               | ELD AN INTEREST WITH A F                                | FAIR MARKET VALUE OF \$ | 10,000 OR MORE.          |  |
| 96743<br>96743<br>96750                                                                                           |                                       | POSTAL ZIP CODE OF LC                                                                                                                                   | CATION                                                  | I II G                  | VALUE                    |  |
|                                                                                                                   | Check here if entry is N              | one                                                                                                                                                     | k here if you have attached ad                          | ditional sheets         |                          |  |
| ITEM 10<br>RSCH 15(d)(5)                                                                                          | REAL PROPERTY, I                      | THE FAIR MARKET VALUE C                                                                                                                                 | F WHICH EXCEEDS \$10,000,                               | ACQUIRED DURING THE     | DISCLOSURE PERIOD.       |  |
| POSTAL ZIP O                                                                                                      | ODE OF LOCATION                       | NATURE OF INTEREST                                                                                                                                      | NAME AND ADDRESS OF F<br>CONSIDERATION  DHI Mortgage Co |                         | CONSIDERATION GIVEN      |  |
| Check here if entry is None Check here if you have attached additional sheets                                     |                                       |                                                                                                                                                         |                                                         |                         |                          |  |
| ITEM 11 REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD. |                                       |                                                                                                                                                         |                                                         |                         |                          |  |
| POSTAL ZIP CODE OF LOCATION                                                                                       |                                       | NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION                                                                                                     |                                                         |                         | CONSIDERATION RECEIVED   |  |
| 96743<br>96750                                                                                                    |                                       | F & E. Hendriks<br>Kamuela, HI 96743<br>L. Fujino<br>Kealakekua, HI 96750                                                                               |                                                         |                         | F                        |  |
| Check here if entry is None Check here if you have attached additional sheets                                     |                                       |                                                                                                                                                         |                                                         |                         |                          |  |

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| ITEM 12<br>RSCH 15(d)(6)                                                                   | CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.                                                 |                               |                       |               |  |  |  |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------|--|--|--|
| N                                                                                          | IAME OF BUSINESS                                                                                                           | NATURE OF BUSINESS            | NATURE OF INTEREST    | VALUE         |  |  |  |
| <b>Z</b> c                                                                                 | heck here if entry is None                                                                                                 | Check here if you have attach | led additional sheets |               |  |  |  |
| ITEM 13<br>RSCH 15(d)(7);<br>Rule 3.13<br>Revised Code<br>of Judicial<br>Conduct           | 13   15(d)(7);   GIFT(S) THAT MUST BE REPORTED UNDER RULE 3.13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT. elicial |                               |                       |               |  |  |  |
|                                                                                            | SOURCE                                                                                                                     | DESCRIPTI                     | ESTIMATED VALUE       |               |  |  |  |
|                                                                                            |                                                                                                                            |                               |                       |               |  |  |  |
| ☑ Check here if entry is None ☐ Check here if you have attached additional sheets          |                                                                                                                            |                               |                       |               |  |  |  |
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h)                                                        | RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION                                                                |                               |                       |               |  |  |  |
| attended <u>54.5</u> hours of Approved Judicial Education during the reporting period.     |                                                                                                                            |                               |                       |               |  |  |  |
| REMARKS:                                                                                   |                                                                                                                            |                               |                       |               |  |  |  |
| See attached sheets.                                                                       |                                                                                                                            |                               |                       |               |  |  |  |
| CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement. |                                                                                                                            |                               |                       |               |  |  |  |
| SIGNATURE:                                                                                 |                                                                                                                            |                               |                       | DATE: 2/21/12 |  |  |  |
| NOTE: This filling is not valid without a signature.                                       |                                                                                                                            |                               |                       |               |  |  |  |

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