



**SUPREME COURT CLERK'S OFFICE**  
 417 SOUTH KING STREET  
 HONOLULU, HAWAII 96813-2912

**FINANCIAL DISCLOSURE STATEMENT**

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed**  
**Supreme Court**  
**SCFD-11-0000225**  
**28-APR-2011**  
**06:18 PM**

Before completing this form please read the instructions for Financial Disclosure Statement, including the text of Supreme Court Rule 15. REMINDER: For all items requiring a monetary amount, the following financial range codes may be used.

- 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
- 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

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

(Type or Print Clearly)

NAME: <u>Kobayashi, Joseph Niro</u> <small>(LAST) (FIRST) (MIDDLE)</small>			NAME OF SPOUSE OR DOMESTIC PARTNER: <b>Suzanne N. Kobayashi</b>
OFFICE ADDRESS: <u>P.O. Box 589</u> <small>NUMBER, STREET</small>			No. of Dependent Children: <small>(Do not include names)</small> <b>1</b>
CITY OR TOWN: <u>Kapaa</u>		ZIP CODE: <u>96746</u>	
JUDICIAL POSITION HELD <b>Per Diem District/Family</b>	DATE OF APPOINTMENT <b>03/12/08</b>	OFFICE PHONE <b>808 822-9000</b>	

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2010

ITEM	DESCRIPTION	ANNUAL INCOME
1 RSCH 15(d)(1)	JUDICIAL COMPENSATION	B
2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME <small>(if income for services rendered exceeds \$1,000)</small>	
	EMPLOYER/LAW FIRM <b>Self</b>	ANNUAL INCOME <b>E</b>
	BUSINESS ADDRESS <b>P.O. Box 589 Kapaa, HI 96746</b>	
3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN <small>(if income for services rendered exceeds \$1,000)</small>	
	EMPLOYER <b>Self</b>	ANNUAL INCOME <b>D</b>

2011 APR 20 AM 9:24  
 SUPREME COURT

FILED

**ITEM 4**  
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

SOURCE	NATURE OF SERVICES RENDERED	AMOUNT
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Check here if entry is None       Check here if you have attached additional sheets

**ITEM 5**  
RSCH 15(d)(2) EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS.

NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES
MOB	For Profit	Mutual Fund	B
BRK'B	For Profit	Stock	B
MUI	For Profit	Mutual Fund	B
MFL	For Profit	Mutual Fund	B
FXI	For Profit	ETF	C
NPP	For Profit	Mutual Fund	B

Check here if entry is None       Check here if you have attached additional sheets

**ITEM 6**  
RSCH 15(d)(2) OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD.

NAME OF BUSINESS	DATE OF TRANSFER	VALUE OF TRANSFER
VALE	2/9/10	B
TC	2/9/10	C
APA	2/9/10	B
UPL	2/9/10	B
USO	2/16/10	C
PBR	2/16/10	B
HHCCW	11/17/10	C

Check here if entry is None       Check here if you have attached additional sheets

**ITEM 7**  
RSCH 15(d)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.

NAME OF BUSINESS	TITLE AND TERM OF OFFICE	COMPENSATION (enter amount or NONE)
Kauai Community Federal Credit Union	Supervisory Committee Member  Annual	None

Check here if entry is None       Check here if you have attached additional sheets

**ITEM 4**  
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

SOURCE	NATURE OF SERVICES RENDERED	AMOUNT
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NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES
MQY	For Profit	Mutual Fund	B
RIO	For Profit	Stock	B
PCL	For Profit	Stock	C
DBC	For Profit	ETF	C
UYG	For Profit	Stock	C
MMU	For Profit	Mutual Fund	B
HHCCW	For Profit	Bond	C

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NAME OF BUSINESS	TITLE AND TERM OF OFFICE	COMPENSATION (enter amount or NONE)
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<b>ITEM 4</b> 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
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SOURCE	NATURE OF SERVICES RENDERED	AMOUNT

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<b>ITEM 5</b> RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS.
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NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES
PBR	For Profit	Stock	B
USO	For Profit	Stock	C
APA	For Profit	Stock	B
UPL	For Profit	Stock	B
TC	For Profit	Stock	C
AOVIX	For Profit	Mutual Fund	C
FIDELITY	For Profit	Mutual Fund	C

 Check here if entry is None

 Check here if you have attached additional sheets

<b>ITEM 6</b> RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD.
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NAME OF BUSINESS	DATE OF TRANSFER	VALUE OF TRANSFER

 Check here if entry is None

 Check here if you have attached additional sheets

<b>ITEM 7</b> RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.
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NAME OF BUSINESS	TITLE AND TERM OF OFFICE	COMPENSATION (enter amount or NONE)

 Check here if entry is None

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**ITEM 4**  
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NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES
Vanguard American Century	For Profit For Profit	Mutual Fund Mutual Fund	1 C

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NAME OF BUSINESS	DATE OF TRANSFER	VALUE OF TRANSFER

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NAME OF BUSINESS	TITLE AND TERM OF OFFICE	COMPENSATION (enter amount or NONE)

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ITEM 8  
RSCH 15(d)(4) LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.

NAME AND ADDRESS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR
American Savings Bank P.O. Box 2300 Honolulu, HI 96804	A	E
First Hawaiian Bank P.O. Box 3200 Honolulu, HI 96846	I	H

Check here if entry is None  Check here if you have attached additional sheets

ITEM 9  
RSCH 15(d)(5) REAL PROPERTY IN THE STATE IN WHICH IS HELD AN INTEREST WITH A FAIR MARKET VALUE OF \$10,000 OR MORE.

POSTAL ZIP CODE OF LOCATION	VALUE
96748	E
96748	H
96785	D
96746	H

Check here if entry is None  Check here if you have attached additional sheets

ITEM 10  
RSCH 15(d)(5) REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, ACQUIRED DURING THE DISCLOSURE PERIOD.

POSTAL ZIP CODE OF LOCATION	NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION	CONSIDERATION GIVEN

Check here if entry is None  Check here if you have attached additional sheets

ITEM 11  
RSCH 15(d)(5) 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

Check here if entry is None  Check here if you have attached additional sheets

**ITEM 8**  
RSCH 15(d)(4) LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.

NAME AND ADDRESS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR

Check here if entry is None       Check here if you have attached additional sheets

**ITEM 9**  
RSCH 15(d)(5) REAL PROPERTY IN THE STATE IN WHICH IS HELD AN INTEREST WITH A FAIR MARKET VALUE OF \$10,000 OR MORE.

POSTAL ZIP CODE OF LOCATION	VALUE
96746	F
96754	J
96714	E
96714	K
96714	I
96714	K
96714	B

Check here if entry is None       Check here if you have attached additional sheets

**ITEM 10**  
RSCH 15(d)(5) REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, ACQUIRED DURING THE DISCLOSURE PERIOD.

POSTAL ZIP CODE OF LOCATION	NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION	CONSIDERATION GIVEN

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POSTAL ZIP CODE OF LOCATION	NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVED

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NAME AND ADDRESS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR

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POSTAL ZIP CODE OF LOCATION	VALUE
96714	H

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POSTAL ZIP CODE OF LOCATION	NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVED

Check here if entry is None       Check here if you have attached additional sheets

ITEM 12  
RSCH 15(d)(6) CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.

NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

Check here if entry is None       Check here if you have attached additional sheets

ITEM 13  
RSCH 15(d)(7);  
Rule 3.13  
Revised Code  
of Judicial  
Conduct      GIFT(S) THAT MUST BE REPORTED UNDER RULE 3.13(c) OF THE HAWAII REVISED CODE OF JUDICIAL CONDUCT.

SOURCE	DESCRIPTION OF GIFT	ESTIMATED VALUE

Check here if entry is None       Check here if you have attached additional sheets

ITEM 14  
RSCH 15(d)(8)  
& 22(h) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION

I attended N.A. 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: April 19, 2011

NOTE: This filing is not valid without a signature.