

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

THIS SPACE FOR OFFICE USE ONLY

FINANCIAL DISCLOSURE STATEMENT

**Electronically Filed Supreme Court** SCFD-11-0000199 18-APR-2016 08:03 AM

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)   |  |   |
|--|--|---|--|---|
| None   No. of Depen  |  |   | No. of Depende<br>(Do not include  |   |
| TION HELD<br>amily Court Judge 2nd                                     |  |   |  |   |
| AR COVERED BY THIS DISCLOSU  | RE: 20_15  |   |  |   |
| JUDICIAL COMPENSATIO   | N  |   |  | ANNUAL INCOME<br>13,225.00  |
| JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1.000) |  |   |  |   |
|  |  |   |  | ANNUAL INCOME<br>160,000.00   |
|  |  | AND DEPENDENT CHILDREN  |  |   |
|  | EMPLOYER   |   |  | ANNUAL INCOME<br>None   |
|  | PAIA  PAIA  PON BOX 791434  PAIA  PON HELD  Amily Court Judge 2nd  UNDICIAL COMPENSATIO  JUDICIAL COMPENSATIO  JUDICIAL COMPENSATIO  JUDICIAL COMPENSATIO  EMPLOYER/LAW FIR  Drewyer, Attorney at La | wyer Michelle  LAST) (FIRST)  SS: P.O. Box 791434  NUMBER, STREET  Paia ZIP (  TION HELD 9/06/14 to 09/06/2018  RE COVERED BY THIS DISCLOSURE: 20_15  JUDICIAL COMPENSATION  JUDICIAL COMPENSATION  JUDICIAL COMPENSATION  JUDICIAL COMPENSATION  PREPLOYER/LAW FIRM  Drewyer, Attorney at Law, A Law Corporation  INCOME OF SPOUSE OR DOMESTIC PARTNER (if income for services rendered exceeds \$1,000) | Wyer Michelle L  LAST) (FIRST) (MIDDLE)  SS: P.O. Box 791434  NUMBER, STREET  Paia ZIP CODE: 96779  TION HELD DATE OF APPOINTMENT OFFIC amily Court Judge 2nd 09/06/14 to 808-280-7  IR COVERED BY THIS DISCLOSURE: 20 15  JUDICIAL COMPENSATION  JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)  EMPLOYER/LAW FIRM BUSINESS ADDRESS OTEWYER, Attorney at Law, A Law Corporatic P.O. Box 791434 Paia Hawaii  INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN | NAME OF SPO None SS: P.O. Box 791434  NUMBER, STREET Paia  Paia  DATE OF APPOINTMENT OFFICE PHONE Amily Court Judge 2nd O9/06/2018  R COVERED BY THIS DISCLOSURE: 20 15  JUDICIAL COMPENSATION  JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)  EMPLOYER/LAW FIRM Drewyer, Attorney at Law, A Law Corporatic  INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000) |

| 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 |   |                                      |  |   |
|-------------------------|---|---|--------------------------------------|--|---|
| 13                      | SOURCE  | NATUR                                       | E OF SERVICES RE                     | NDERED                                 | AMOUNT                                    |
|                         |   |   |                                      |  |   |
|                         | also a second   |   |                                      |  |   |
|                         |   |   |                                      |  |   |
| Ø                       | Check here if entry is None   | ☐ Check here if you h                       | nave attached addition               | nal sheets                             |   |
| ITEM 5<br>RSCH 15(d)(2) | EACH OWNERSHIP OR BENEFICIAL I<br>VALUE OF \$5,000 OR MORE OR EQU   | INTEREST, HELD IN AN<br>AL TO 10% OF THE OW | Y BUSINESS CARRY<br>NERSHIP OF THE B | YING ON BUSINESS IN THE S<br>JUSINESS. | STATE, HAVING A                           |
|                         | NAME OF BUSINESS  | NATURE C                                    | OF BUSINESS                          | NATURE OF INTEREST                     | ENTER AMOUNT<br>OR NO. OF SHARES          |
|                         |   |   |                                      |  |   |
|                         |   |   |                                      |  |   |
|                         |   |   |                                      |  |   |
| Ø                       | Check here if entry is None   | Check here if you h                         |                                      | THE RESIDENCE                          |   |
| ITEM 6<br>RSCH 15(d)(2) | OWNERSHIP OR BENEFICIAL INTERE  |   |                                      |  | D.  |
| 1001111                 | NAME OF BUSINESS  | DATE OF                                     | TRANSFER                             | VALUE OF 1                             | RANSFER                                   |
|                         |   |   |                                      |  |   |
|                         |   | - :   |                                      |  |   |
|                         | ** 1  |   | e fac                                |  |   |
| ₹ (                     | Check here if entry is None   | ☐ Check here if you h                       | ave attached addition                | nal sheets                             |   |
| ITEM 7<br>RSCH 15(d)(3) | LIST EACH OFFICERSHIP, DIRECTOR   | SHIP, TRUSTEESHIP O                         | R OTHER FIDUCIAR                     | RY RELATIONSHIP HELD IN A              | NY BUSINESS.                              |
|                         | NAME OF BUSINESS  | TITLE AND TER                               |                                      | ID TERM OF OFFICE                      | COMPENSATION<br>(enter amount or<br>NONE) |
|                         |   |   |                                      |  |   |
|                         |   |   |                                      |  |   |
|                         |   |   |                                      |  |   |
| Ø                       | Check here if entry is None   | ☐ Check here if you ha                      | ave attached addition                | al sheets                              |   |

| ITEM 8<br>RSCH 15(d)(4)  | LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSUR PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE. |                         |  |                            |  |
|--------------------------|---|-------------------------|--|----------------------------|--|
|                          | NAME AND ADDRE  | SS OF CREDITOR          | ORIGINAL AMOUNT OWED   | AMOUNT OWED AT END OF YEAR |  |
|                          |   |                         | K 1  |                            |  |
|                          |   |                         |  |                            |  |
|                          |   |                         |  |                            |  |
| Ø                        | Check here if entry is N  | None                    | eck here if you have attached additional sheets  |                            |  |
| ITEM 9<br>RSCH 15(d)(5)  | REAL PROPERTY II  | N THE STATE IN WHICH IS | HELD AN INTEREST WITH A FAIR MARKET VALUE  | OF \$10,000 OR MORE.       |  |
| 96779                    | POSTAL ZIP CODE OF LOCATION   |                         |  | VALUE<br>1,750.000.00      |  |
|                          |   |                         |  |                            |  |
| ITEM 10<br>RSCH 15(d)(5) | Check here if entry is N  |                         | ck here if you have attached additional sheets  DF WHICH EXCEEDS \$10,000, ACQUIRED DURING | THE DISCLOSURE PERIOD.     |  |
|                          | DDE OF LOCATION   | NATURE OF INTEREST      | NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION   | CONSIDERATION GIVEN        |  |
|                          |   |                         |  |                            |  |
| ☑ Che                    | ack here if entry is Nor  | ne 🗆 Chec               | ck here if you have attached additional sheets   |                            |  |
| TEM 11<br>RSCH 15(d)(5)  | REAL PROPERTY, T  | HE FAIR MARKET VALUE O  | F WHICH EXCEEDS \$10,000, TRANSFERRED DUR  | ING THE DISCLOSURE PERIOD. |  |
| POSTAL ZIP CO            | DE OF LOCATION  | NAME AND ADDRESS OF     | PERSON FURNISHING CONSIDERATION  | CONSIDERATION RECEIVED     |  |
|                          |   |                         |  |                            |  |
|                          |   |                         |  |                            |  |
| ☑ Che                    | eck here if entry is Non  | e 🗆 Chec                | k here if you have attached additional sheets  |                            |  |

| ITEM 12<br>RSCH 15(d)(6)   | CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE. |  |  |                 |  |
|--|--|--|--|-----------------|--|
| N  | AME OF BUSINESS  | NATURE OF BUSINESS NATURE OF INTERE      |  | REST VALUE      |  |
|  |  |  |  |                 |  |
| <u> </u>   |  |  |  |                 |  |
| <b>☑</b> c   | heck here if entry is None   | Check here if you have attach            | ed additional sheets   |                 |  |
| ITEM 13<br>RSCH 15(d)(7);<br>Rule 3.13<br>Revised Code<br>of Judicial<br>Conduct | GIFT(S) THAT MUST BE REPO  | RTED UNDER RULE 3.13(c) OF THE HAW       | VAI'I REVISED CODE OF JUDICIAL CO  | NDUCT.          |  |
|  | SOURCE   | DESCRIPTION OF GIFT                      |  | ESTIMATED VALUE |  |
|  |  |  |  |                 |  |
| ☑ cr   | neck here if entry is None   | ☐ Check here if you have attached        | ed additional sheets   | TARTET          |  |
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h)  | FULL-TIME JUDGES' APPROVE  | TE THE SECOND                            | A STATE OF THE STA |                 |  |
| l attended 0   | .00 hours of Approved Judio  | ial Education during the reporting per   | iod.   |                 |  |
| REMARKS:   |  |  |  |                 |  |
|  |  |  |  |                 |  |
| ☐ Se   | e attached sheets.   |  |  |                 |  |
|  |  | a true, correct, and complete statement. |  |                 |  |
| SIGNATURE: N   | fichelle L. Drewyer  | WA 13-0                                  | DATE   | 02/19/2016      |  |
| NOTE: This fill  | ng is not valid without a signature.                                       |  |  | Train Son       |  |