

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

FINANCIAL DISCLOSURE STATEMENT

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Electronically Filed Supreme Court SCFD-11-0000259 29-APR-2014 11:56 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
- F At least \$100,000 but less than \$150,000
- E At least \$50,000 but less than \$100,000
- 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.

| | | ype or Print Clearly) | | |
|---|---|---|----------------------------|--|
| | Maura (FIRST) | McDermott (MIDDLE) | NAME OF SPOR | USE OR DOMESTIC PARTNER: |
| Hanalulu | NUMBER, STREET | No. of Dependent Child | | |
| DICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE or Diem Judge 08/29/2011 808 392-0698 | | | NE | |
| R COVERED BY THIS DISCLOSU | JRE: 20 <u>13</u> | | | |
| JUDICIAL COMPENSATIO | N | | | ANNUAL INCOME |
| JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) | | | | |
| | М | BUSINESS ADDRESS P.O Box 37913, Honolulu, HI 968 | 337 | ANNUAL INCOME C |
| | | ND DEPENDENT CHILDREN | | |
| rce, Conservation and | EMPLOYER Development Counc | il | | ANNUAL INCOME E |
| | Honolulu TION HELD Idge IR COVERED BY THIS DISCLOSE JUDICIAL COMPENSATIO JUDGE'S OTHER INCOME (if income for services rend EMPLOYER/LAW FIR of Nathalie S. Pettit INCOME OF SPOUSE OR (if income for services rend | P.O. Box 61282 SS: P.O. Box 61282 NUMBER, STREET Honolulu ZIP CO TION HELD DATE OF APPOINTMENT Idge 08/29/2011 R COVERED BY THIS DISCLOSURE: 20_13 JUDICIAL COMPENSATION JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) EMPLOYER/LAW FIRM of Nathalie S. Pettit INCOME OF SPOUSE OR DOMESTIC PARTNER AN (if income for services rendered exceeds \$1,000) EMPLOYER | P.O. Box 61282 Honolulu | Maura McDermott LAST) (FIRST) (MIDDLE) Duane Oka No. of Depende (Do not include) No. of Depende |

| 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 REN | DERED | AMOUNT |
| | Check here if entry is None | Check here if you h | ave attached additiona | al sheets | |
| ITEM 5 RSCH 15(d)(2) | EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU | INTEREST, HELD IN AN' AL TO 10% OF THE OW | Y BUSINESS CARRYI NERSHIP OF THE BU | NG ON BUSINESS IN THE ISINESS. | E STATE, HAVING A |
| | NAME OF BUSINESS | NATURE O | F BUSINESS | NATURE OF INTERES | ENTER AMOUNT OR NO. OF SHARES |
| | ☑ 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 | F TRANSFER |
| | ☑ 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. | | | | | |
| Maura M. Ok | NAME OF BUSINESS | | President - ongo | D TERM OF OFFICE | COMPENSATION (enter amount or NONE) None |
| ☐ Check here if entry is None ☐ Check here if you have attached additional sheets | | | | | |

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| ITEM 8 RSCH 15(d)(4) | LIST CREDITORS, O PERIOD. LIST CRED | OITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE. | | | |
|--------------------------|--|---|--|---------------------|---------------|
| | NAME AND ADDRES | SS OF CREDITOR | ORIGINAL AMOUNT OWED | AMOUNT OWED AT E | END OF YEAR |
| | Check here if entry is No | one | k here if you have attached additional sheets | | |
| ITEM 9 RSCH 15(d)(5) | REAL PROPERTY IN | THE STATE IN WHICH IS H | IELD AN INTEREST WITH A FAIR MARKET VALU | OF \$10,000 OR MORE | |
| ITEM 10 RSCH 15(d)(5) | Check here if entry is No REAL PROPERTY, T ODE OF LOCATION | | ck here if you have attached additional sheets F WHICH EXCEEDS \$10,000, ACQUIRED DURING NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION | | |
| ITEM 11 RSCH 15(d)(5) | neck here if entry is Nor REAL PROPERTY, T | | k here if you have attached additional sheets F WHICH EXCEEDS \$10,000, TRANSFERRED DU | RING THE DISCLOSUF | RE PERIOD. |
| | ODE OF LOCATION | NAME AND ADDRESS OF | PERSON FURNISHING CONSIDERATION | CONSIDERAT | TION RECEIVED |
| | heck here if entry is Nor | ne \Box Chec | ck here if you have attached additional sheets | | |

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| ITEM 12 RSCH 15(d)(6) | CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE. | | | | | |
|--|---|-------------------------------|----------------------|--|--|--|
| N | NAME OF BUSINESS NATURE OF BUSINESS NATURE OF INTEREST VALUE | | | | | |
| | | | | | | |
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| | | | | | | |
| ∠ c | heck here if entry is None | Check here if you have attach | ed additional sheets | | | |
| ITEM 13 RSCH 15(d)(7); Rule 3.13 Revised Code of Judicial Conduct | RSCH 15(d)(7); Rule 3.13 GIFT(S) THAT MUST BE REPORTED UNDER RULE 3.13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT. Revised Code of Judicial | | | | | |
| | SOURCE | DESCRIPTION | ESTIMATED VALUE | | | |
| | | | | | | |
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| | heck here if entry is None | | . 1 . 1177 1 . 1 | | | |
| ITEM 14 | neck nere if entry is None | Check here if you have attach | ed additional sneets | | | |
| RSCH 15(d)(8) & 22(h) | FULL-TIME JUDGES' APPROVED | JUDICIAL EDUCATION | | | | |
| I attended0 hours of Approved Judicial Education during the reporting period. | | | | | | |
| REMARKS: | | | | | | |
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| See attached sheets. | | | | | | |
| CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement. | | | | | | |
| SIGNATURE: /s/ Maura M. Okamoto DATE: April 29, 2014 | | | | | | |
| NOTE: This filing is not valid without a signature. | | | | | | |

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