



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

FINANCIAL DISCLOSURE STATEMENT

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**Electronically Filed  
Supreme Court  
SCFD-12-0000198  
12-APR-2017  
12:32 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                          | G - At least \$150,000 but less than \$250,000   |
| B - At least \$1,000 but less than \$10,000    | H - At least \$250,000 but less than \$500,000   |
| C - At least \$10,000 but less than \$25,000   | I - At least \$500,000 but less than \$750,000   |
| D - At least \$25,000 but less than \$50,000   | J - At least \$750,000 but less than \$1,000,000 |
| E - At least \$50,000 but less than \$100,000  | K - \$1,000,000 or more                          |
| F - At least \$100,000 but less than \$150,000 |                                                  |

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

(Type or Print Clearly)

NAME: Acoba Edmund Dean  
(LAST) (FIRST) (MIDDLE)

NAME OF SPOUSE OR DOMESTIC PARTNER

OFFICE ADDRESS: 3970 Ka'ana Street, Suite 203  
NUMBER STREET

No. of Dependent Children:  
(Do not include names)

CITY OR TOWN Lihue ZIP CODE 96766

JUDICIAL POSITION HELD District Family Court Judge DATE OF APPOINTMENT 05/27/2011 OFFICE PHONE (808)482-2391

CALENDAR YEAR COVERED BY THIS DISCLOSURE 2016

ITEM 1 RSCH 15(d)(1)	JUDICIAL COMPENSATION	ANNUAL INCOME G
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ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)	
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EMPLOYER/LAW FIRM	BUSINESS ADDRESS	ANNUAL INCOME

ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)	
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EMPLOYER	ANNUAL INCOME
Spouse - Self-Employed Life Insurance Agent	E

ITEM 4  
RSC11 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
Wedding Officiant	Officiate Wedding Ceremonies	B

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

ITEM 5  
RSC11 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

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

ITEM 6  
RSC11 15(d)(2) OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD.

NAME OF BUSINESS	DATE OF TRANSFER	VALUE OF TRANSFER

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

ITEM 7  
RSC11 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)

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

ITEM 8 LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE  
 RSCH 15(d)(4) 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
Kauai Government Employees FCU 2976 Ewalu Street, Lihue, Hawaii 96766	C	C
Central Pacific Bank 4364 Rice Street, Lihue, HI 96766	H	A
Garden Island FCU 2973 Kele Street, Lihue, HI 96766	C	C

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

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

POSTAL ZIP CODE OF LOCATION	VALUE
96766	H

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

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

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

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

ADDENDUM TO ITEM 8

NAME AND ADDRESS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF THE YEAR
American Express P.O. Box 360001 Ft. Lauderdale, Florida 33336-0001	C	C
American Honda Finance Corp. P.O. Box 60001 City of Industry, CA 91716-0001	C	C
Department of Education FedLoan Servicing P.O. Box 530210 Atlanta, GA 30353-0210	H	H
Central Pacific Bank 4364 Rice Street Lihue, Hawaii 96766	C	A
Bank of Hawaii – VISA General Correspondence Card Services P.O. Box 8801 Wilmington, DE 19899-8001	C	C
First Hawaiian Bank Consumer Loan Center P.O. Box 29450 Honolulu, Hawaii 96820-1850	D	D
Quicken Loans P.O. Box 6577 Carol Stream, IL 60197-6577	G	G

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)  
& 27(b) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION

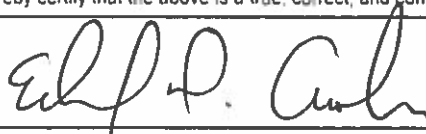
I attended 30.00 hours of Approved Judicial Education during the reporting period.

REMARKS

See attached sheets

CERTIFICATION I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE



DATE

APR 04 2017

NOTE: This filing is not valid without a signature.