



**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-11-0000218**  
**08-MAR-2018**  
**03:45 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>Iha</u> <u>Sherri-Ann</u> <u>L</u><br><small>(LAST) (FIRST) (MIDDLE)</small><br><br>OFFICE ADDRESS: <u>1111 Alakea Street</u><br><small>NUMBER, STREET</small><br><br>CITY OR TOWN: <u>Honolulu</u> ZIP CODE: <u>96813</u> | NAME OF SPOUSE OR DOMESTIC PARTNER:<br><br><b>Brian Iha</b><br><br>No. of Dependent Children:<br><small>(Do not include names)</small><br><br><b>2</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

|                        |                     |              |
|------------------------|---------------------|--------------|
| JUDICIAL POSITION HELD | DATE OF APPOINTMENT | OFFICE PHONE |
| District Court Judge   | 8/26/2010           | 538-5017     |

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 17

|                         |                       |                        |
|-------------------------|-----------------------|------------------------|
| ITEM 1<br>RSCH 15(d)(1) | JUDICIAL COMPENSATION | ANNUAL INCOME<br><br>G |
|-------------------------|-----------------------|------------------------|

|                         |                                                                                          |  |
|-------------------------|------------------------------------------------------------------------------------------|--|
| ITEM 2<br>RSCH 15(d)(1) | JUDGE'S OTHER INCOME<br><small>(if income for services rendered exceeds \$1,000)</small> |  |
|-------------------------|------------------------------------------------------------------------------------------|--|

| EMPLOYER/LAW FIRM | BUSINESS ADDRESS | ANNUAL INCOME |
|-------------------|------------------|---------------|
|                   |                  |               |

|                         |                                                                                                                                 |  |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|
| ITEM 3<br>RSCH 15(d)(1) | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN<br><small>(if income for services rendered exceeds \$1,000)</small> |  |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|

| EMPLOYER   | ANNUAL INCOME |
|------------|---------------|
| Ameriprise | E             |

|                         |                                                                                                                           |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 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 |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------|

| SOURCE         | NATURE OF SERVICES RENDERED | AMOUNT |
|----------------|-----------------------------|--------|
| Noevir         | Commission                  | A      |
| Naturally Plus | Commission                  | A      |

Check here if entry is None

Check here if you have attached additional sheets

|                         |                                                                                                                                                                                    |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM 5<br>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 |
|----------------------|--------------------|--------------------|-------------------------------|
| Ameriprise Financial | Investment Co      | Mutual Funds       | D                             |
| Ameriprise Financial | Investment Co      | Childrens Ed       | D                             |
| Mcdonalds            | Investment stock   | UTMA               | C                             |
| Pepsi                | Investment stock   | UTMA               | C                             |

Check here if entry is None

Check here if you have attached additional sheets

|                         |                                                                                          |
|-------------------------|------------------------------------------------------------------------------------------|
| ITEM 6<br>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 |
|------------------|------------------|-------------------|
| Mcdonalds        | 07/01/2017       | D                 |

Check here if entry is None

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. |
|-------------------------|--------------------------------------------------------------------------------------------------------|

| 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<br>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 |
|                         | Central Pacific Bank                                                                                                                                                                   | H                    | H                          |
|                         | First Hawaiian Bank                                                                                                                                                                    | C                    | C                          |

Check here if entry is None

Check here if you have attached additional sheets

| ITEM 9<br>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 |
|                         | 96734                                                                                                 | I     |
|                         | 96822                                                                                                 | H     |

Check here if entry is None

Check here if you have attached additional sheets

| ITEM 10<br>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<br>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 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 28 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: Sherri-Ann L. Iha

DATE: 1/29/2018

NOTE: This filing is not valid without a signature.