



**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-11-0000243  
30-APR-2018  
12:46 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: <u>Martell</u> <u>Linda</u> <u>S.</u> <small>(LAST) (FIRST) (MIDDLE)</small>	NAME OF SPOUSE OR DOMESTIC PARTNER:  <b>John Barkai</b>
OFFICE ADDRESS: <u>4765 Kapolei Parkway</u> <small>NUMBER, STREET</small>	No. of Dependent Children: <small>(Do not include names)</small>  <b>2</b>
CITY OR TOWN: <u>Kapolei</u> ZIP CODE: <u>96707</u>	
JUDICIAL POSITION HELD <b>Per Diem Judge</b>	DATE OF APPOINTMENT <b>04/29/2018</b>
	OFFICE PHONE <b>808-954-8100</b>

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 17

ITEM	DESCRIPTION	ANNUAL INCOME								
1 RSCH 15(d)(1)	JUDICIAL COMPENSATION	E								
2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME <small>(if income for services rendered exceeds \$1,000)</small>									
	<table border="1" style="width:100%"> <thead> <tr> <th style="width:45%">EMPLOYER/LAW FIRM</th> <th style="width:30%">BUSINESS ADDRESS</th> <th style="width:25%">ANNUAL INCOME</th> </tr> </thead> <tbody> <tr> <td>self-employed</td> <td>P.O. Box 10800, Honolulu, HI 96816</td> <td>B</td> </tr> </tbody> </table>	EMPLOYER/LAW FIRM	BUSINESS ADDRESS	ANNUAL INCOME	self-employed	P.O. Box 10800, Honolulu, HI 96816	B			
EMPLOYER/LAW FIRM	BUSINESS ADDRESS	ANNUAL INCOME								
self-employed	P.O. Box 10800, Honolulu, HI 96816	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>									
	<table border="1" style="width:100%"> <thead> <tr> <th style="width:70%">EMPLOYER</th> <th style="width:30%">ANNUAL INCOME</th> </tr> </thead> <tbody> <tr> <td>University of Hawaii</td> <td>F</td> </tr> <tr> <td>JAIMS</td> <td>B</td> </tr> <tr> <td>Bank of Hawaii</td> <td>B</td> </tr> </tbody> </table>	EMPLOYER	ANNUAL INCOME	University of Hawaii	F	JAIMS	B	Bank of Hawaii	B	
EMPLOYER	ANNUAL INCOME									
University of Hawaii	F									
JAIMS	B									
Bank of Hawaii	B									

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
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SOURCE	NATURE OF SERVICES RENDERED	AMOUNT

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.
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NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES
Vanguard Indexed Funds	financial	mutual fund	K
State of Hawaii Deferred Compensation	financial	investments	E

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.
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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

ITEM 7 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)
Hawaii Housing Development Corporation	Vice-Chair	None
Hawaii Women's Legal Foundation	Board Member	None
Iwakuni Odori Aiko Kai	Vice President	None

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  96816	VALUE  J

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 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.
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SOURCE	DESCRIPTION OF GIFT	ESTIMATED VALUE
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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
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I attended 0.00 hours of Approved Judicial Education during the reporting period.

REMARKS:

I attended the required CLE hours for HSBA in 2017.

See attached sheets.

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

SIGNATURE:



DATE: 04/29/2018

NOTE: This filing is not valid without a signature.