(Type or Print Clearly) NAME: Udovic Michael Joseph NAME OF SPOUSE OR DOMESTIC PARTNER: OFFICE ADDRESS: P.O. Box 252 (MIDDLE) No. of Dependent Children: (Do not include names) No. of Dependent Children: (Do not include names) OFFICE ADDRESS: Papaikou
NAME: Udovic Michael Joseph (LAST) (FIRST) (MIDDLE) OFFICE ADDRESS: P.O. Box 252 NUMBER, STREET NUMBER, STREET NUMBER, STREET CITY OR TOWN: Papaikou
NNMLL: (LAST) (FIRST) (MIDDLE) OFFICE ADDRESS: P.O. Box 252 NUMBER, STREET No. of Dependent Children: (Do not include names) CITY OR TOWN: Papaikou
NUMBER, STREET NUMBER, STREET CITY OR TOWN: Papaikou JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE Per Diem Judge 03/01/2016 808 990-1122 CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 17 ITTEM 1 RSCH 15(d)(1) JUDICIAL COMPENSATION ITTEM 2 RSCH 15(d)(1) JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) EMPLOYER/LAW FIRM BUSINESS ADDRESS
NUMBER, STREET It is of opinion of windom CITY OR TOWN: Papaikou ZIP CODE: 96781 JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE Per Diem Judge 03/01/2016 808 990-1122 calendar year covered by this disclosure: 20 17 ITEM 1 RSCH 15(d)(1) JUDICIAL COMPENSATION ANNUAL INCOME E ITEM 2 RSCH 15(d)(1) JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) BUSINESS ADDRESS EMPLOYER/LAW FIRM BUSINESS ADDRESS ANNUAL INCOME
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Per Diem Judge 03/01/2016 808 990-1122 CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 17 ITEM 1 RSCH 15(d)(1) JUDICIAL COMPENSATION ANNUAL INCOME E ITEM 2 RSCH 15(d)(1) JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) EMPLOYER/LAW FIRM BUSINESS ADDRESS
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RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) EMPLOYER/LAW FIRM BUSINESS ADDRESS ANNUAL INCOME
Vilchael Udovic, Attorney PO Box 252 Papaikou Hi 96781 A
ITEM 3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN
INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN RSCH 15(d)(1) (if income for services rendered exceeds \$1,000)
EMPLOYER ANNUAL INCOME

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 RENI	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 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 O	FBUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES	
	Check here if entry is None	Check here if you h	ave attached additiona	al sheets		
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD.					
	NAME OF BUSINESS		TRANSFER	VALUE OF TRANSFER		
Check here if entry is None Check here i			ou have attached additional sheets			
ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.					
	NAME OF BUSINESS		TITLE ANI	D TERM OF OFFICE	COMPENSATION (enter amount or NONE)	
Onomea Federal Credit Union			President BOD		None	
	Check here if entry is None	Check here if you h	ave attached additiona	al sheets		

ITEM 8 RSCH 15(d)(4)		OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE DIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.				
Onomoo Fad	NAME AND ADDRES	S OF CREDITOR		ORIGINAL AMOUNT OWED	AMO	JNT OWED AT END OF YEAR
Onomea Fed	eral CU			21000		4400.00
	Check here if entry is No	one Chec	k here if	you have attached additional sheets		
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS HE	ELD AN I	NTEREST WITH A FAIR MARKET VALUE	OF \$10,	000 OR MORE.
96720		POSTAL ZIP CODE OF LOG	CATION			VALUE
96781						н
50701						
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 C	ODE OF LOCATION	NATURE OF INTEREST		AND ADDRESS OF PERSON RECEIVING	ì	CONSIDERATION GIVEN
Check here if entry is None Check here if you have attached additional sheets						
				you have attached additional sheets		
ITEM 11 RSCH 15(d)(5)				EXCEEDS \$10,000, TRANSFERRED DU		
POSTAL ZIP C	ODE OF LOCATION	NAME AND ADDRESS OF	PERSON	I FURNISHING CONSIDERATION		CONSIDERATION RECEIVED
L c	heck here if entry is Nor	ne Chec	k 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				
	heck here if entry is None	Check here if you have attache	ed 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	DESCRIPTI	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 <u>0.00</u> hours of Approved Judicial Education during the reporting period.								

REMARKS:

 $\hfill\square$ See attached sheets.

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

SIGNATURE:

Mund XUL

date: 1-29-18

NOTE: This filing is not valid without a signature.