| File         SUPREME COURT CLERK'S OFFICE<br>417 SOUTH KING STREET<br>HONOLULU, HAWAII 96813-2912         Before completing this form please read the instructions for Financial Disclosure Statement,<br>including the text of Supreme Court Rule 15. REMINDER: For all items requiring a monetary<br>amount, the following financial range codes may be used.         A - Less than \$1,000       G - At least \$150,000 but less than \$250,000   |  |                     |                               | FINANCIAL DISCLOSURE STATEMENT<br>THIS SPACE FOR OFFICE USE ONLY<br>Electronically Filed<br>Supreme Court<br>SCFD-11-0000290<br>23-MAR-2018<br>10:25 AM |                           |  |
|--|--|---------------------|-------------------------------|---|---------------------------|--|
| B - At least \$1,000 but less than \$10,000       H - At least \$250,000 but less         C - At least \$10,000 but less than \$25,000       I - At least \$250,000 but less         D - At least \$25,000 but less than \$50,000       J - At least \$50,000 but less         E - At least \$50,000 but less than \$100,000       J - At least \$750,000 but less         F - At least \$100,000 but less than \$100,000       K -\$1,000,000 or more         TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.       H - At least \$250,000 but less |  |                     | ut less than \$750,000        |   |                           |  |
|  |  |                     | ype or Print Clearly)         |   |                           |  |
|  |  | · · ·               |                               | NAME OF SE  | OUSE OR DOMESTIC PARTNER: |  |
|  | nciano<br>AST)   | Randal (FIRST)      | G.B.                          |   |                           |  |
| (-   | ,  |                     | (11125)                       | Debbie  |                           |  |
| OFFICE ADDRES  | s: 3970 Kaana Street   | NUMBER, STREET      |                               | No. of Dependent Children:  |                           |  |
|  |  |                     | <sub>DE:</sub> 96766          | (Do not include names)  |                           |  |
| JUDICIAL POSITI  |  | DATE OF APPOINTMENT |                               |   |                           |  |
| Chief Judge  |  | 06/17/2007          | (808)                         | 3) 482-2322   |                           |  |
|  | R COVERED BY THIS DISCLOSU   | RE: 20 <u>17</u>    | X                             | ,   |                           |  |
| ITEM 1<br>RSCH 15(d)(1)  | JUDICIALCOMPENSATION   | l                   |                               |   | ANNUAL INCOME<br>G        |  |
| ITEM 2<br>RSCH 15(d)(1)  | JUDGE'S OTHER INCOME<br>(if income for services rendered exceeds \$1,000)  |                     |                               |   |                           |  |
|  | EMPLOYER/LAW FIRM  |                     | BUSINESSAD                    | DRESS   | ANNUAL INCOME             |  |
| Randal Valer   | nciano   |                     | P.O. Box 124, Lihue, HI 96766 |   | В                         |  |
|  |  |                     |                               |   |                           |  |
|  |  |                     |                               |   |                           |  |
|  |  |                     |                               |   |                           |  |
|  |  |                     |                               |   |                           |  |
|  |  |                     |                               |   |                           |  |
| ITEM 3<br>RSCH 15(d)(1)  | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN<br>(if income for services rendered exceeds \$1,000) |                     |                               |   |                           |  |
|  | ANNUAL INCOME  |                     |                               |   |                           |  |
| State of Hawaii, Retired (Spouse)  |  |                     |                               |   | С                         |  |
|  |  |                     |                               |   |                           |  |
|  |  |                     |                               |   |                           |  |
|  |  |                     |                               |   |                           |  |
|  |  |                     |                               |   |                           |  |
|  |  |                     |                               |   |                           |  |

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| 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              | E OF SERVICES RENI     | DERED                  | AMOUNT                                    |  |
|   | Check here if entry is None   | Check here if you h | ave attached additiona | al sheets              |   |  |
| ITEM 5<br>RSCH 15(d)(2)                   | EACH OWNERSHIP OR BENEFICIAL INTE<br>VALUE OF \$5,000 OR MORE OR EQUAL  |                     |                        |                        | TATE, HAVING A                            |  |
|   | NAME OF BUSINESS  | NATURE O            | FBUSINESS              | NATURE OF INTEREST     | ENTER AMOUNT<br>OR NO. OF SHARES          |  |
|   | Check here if entry is None   | Check here if you h | ave attached additiona | al 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                                  |  |
| Check here if entry is None Check here if |   |                     | ave attached additiona | al sheets              |   |  |
| ITEM 7<br>RSCH 15(d)(3)                   | LIST EACH OFFICERSHIP, DIRECTORSH   | IP, TRUSTEESHIP OF  | R OTHER FIDUCIARY      | RELATIONSHIP HELD IN A | NY BUSINESS.                              |  |
| Pandal Valor                              | NAME OF BUSINESS  |                     |                        | D TERM OF OFFICE       | COMPENSATION<br>(enter amount or<br>NONE) |  |
|   | nciano, DBA Randal Valenciano<br>I24 Lihue, HI 96766  |                     | Owner                  |                        | See Item #2                               |  |
|   | Check here if entry is None   | Check here if you h | ave attached additiona | al sheets              |   |  |

| ITEM 8<br>RSCH 15(d)(4)             |  | RS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE<br>CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE. |              |                                    |                        |                         |  |
|-------------------------------------|--|--|--------------|------------------------------------|------------------------|-------------------------|--|
|                                     | NAME AND ADDRESS OF CREDITOR   |  |              | ORIGINAL AMOUNT OWED               | AMOU                   | INT OWED AT END OF YEAR |  |
| American Savings Bank - Home Equity |  |  |              | Н                                  |                        | Н                       |  |
| P.O. Box                            | 2300, Honolulu, H  |  |              |                                    |                        |                         |  |
| American Sa                         | vings Bank - Morte   | gage   |              | Н                                  |                        | Н                       |  |
| P.O. Box                            | 2300, Honolulu, H  | I 96804-2300   |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     | Check here if entry is N   | one Chec   | ck here if y | ou have attached additional sheets |                        |                         |  |
| ITEM 9<br>RSCH 15(d)(5)             | REAL PROPERTY IN   | THE STATE IN WHICH IS H  | IELD AN II   | NTEREST WITH A FAIR MARKET VALUE   | OF \$10,0              | 000 OR MORE.            |  |
|                                     |  | POSTAL ZIP CODE OF LO  | CATION       |                                    |                        | VALUE                   |  |
| 96766 (1/2 in                       | terest)  |  |              |                                    |                        | Н                       |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     | Check here if entry is N   | one Chec   | ck here if y | ou have attached additional sheets |                        |                         |  |
| ITEM 10<br>RSCH 15(d)(5)            | REAL PROPERTY, T   | HE FAIR MARKET VALUE O   | F WHICH      | EXCEEDS \$10,000, ACQUIRED DURING  | THE DIS                | CLOSURE PERIOD.         |  |
| POSTAL ZIP C                        | ODE OF LOCATION  | NATURE OF INTEREST   |              | AND ADDRESS OF PERSON RECEIVING    | 6                      | CONSIDERATION GIVEN     |  |
| 96766                               |  | Residence  |              | & Winifred Watanabe                |                        | I                       |  |
|                                     |  |  | Hor          | nolulu, HI 96818                   |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
| c                                   | Check here if entry is None  Check here if you have attached additional sheets |  |              |                                    |                        |                         |  |
| ITEM 11<br>RSCH 15(d)(5)            |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    | CONSIDERATION RECEIVED |                         |  |
| 96716 (1/6 interest)                |  | Jayson & Cecilie Pablo, Eleele, HI 96705   |              |                                    | D                      |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
|                                     |  |  |              |                                    |                        |                         |  |
| Check here if entry is None         |  |  |              |                                    |                        |                         |  |

| ITEM 12<br>RSCH 15(d)(6)   | CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.                       |                    |                    |       |  |  |  |
|--|--|--------------------|--------------------|-------|--|--|--|
| N  | AME OF BUSINESS  | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE |  |  |  |
| Check here if entry is None  |  |                    |                    |       |  |  |  |
| ITEM 13<br>RSCH 15(d)(7);<br>Rule 3.13<br>Revised Code<br>of Judicial<br>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  |  |                    |                    |       |  |  |  |
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h)  | FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION  |                    |                    |       |  |  |  |

I attended <u>19.50</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, correct, and complete statement.

SIGNATURE:

Row Dal Valencians

DATE: 03/23/2017

NOTE: This filing is not valid without a signature.