



**SUPREME COURT CLERK'S OFFICE**  
 417 SOUTH KING STREET  
 HONOLULU, HAWAI'I 96813-2912

**FINANCIAL DISCLOSURE STATEMENT**

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed**  
**Supreme Court**  
**SCFD-11-0000176**  
**13-APR-2019**  
**11:35 AM**

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 only

NAME: <u>KUPAU-ODO</u> <u>SUMMER</u> <u>M.M</u> <small>(LAST) FIRST (MIDDLE)</small>	NAME OF SPOUSE OR DOMESTIC PARTNER: <b>DONOVAN A. ODO</b>
OFFICE ADDRESS: <u>1111 ALAKEA STREET</u> <small>NUMBER, STREET</small>	No. of Dependent Children: <small>Do not include names)</small> <b>1</b>
CITY OR TOWN: <u>HONOLULU</u> ZIP CODE: <u>96813</u>	

JUDICIAL POSITION HELD	DATE OF APPOINTMENT	OFFICE PHONE
<b>DISTRICT COURT JUDGE</b>	<b>11/29/2018</b>	<b>(808) 538-5403</b>

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 18

ITEM 1 RSCH 15 d 1	JUDICIAL COMPENSATION	ANNUAL INCOME <b>B</b>
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ITEM 2 RSCH 15 d 1	JUDGE'S OTHER INCOME <small>(if income for services rendered exceeds \$1,000)</small>	
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EMPLOYER/LAW FIRM	BUSINESS ADDRESS	ANNUAL INCOME
EARTHJUSTICE	850 RICHARDS ST., STE. 400 HONOLULU, HI 96813	D
NATIVE HAWAIIAN LEGAL CORPORATION	1164 BISHOP ST., STE. 1205 HONOLULU, HI 96813	D

ITEM 3 RSCH 15 d 1	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN <small>(if income for services rendered exceeds \$1,000)</small>	
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EMPLOYER OFFICE OF THE PUBLIC DEFENDER, STATE OF HAWAI'I	ANNUAL INCOME <b>E</b>
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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

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)
MENTAL HEALTH KOKUA	BOARD MEMBER 7/2017-12/2018	NONE
HONUA-KAI WEST MAUI COMMUNITY FUND	BOARD MEMBER 5/2018-PRESENT	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
	BANK OF HAWAII, P.O. BOX 3650, HONOLULU 96811	H
	NAVIENT, P.O. BOX 9533, WILKES-BARRE, PA 18773	D
	HAWAII STATE FCU, P.O. BOX 3072, HONOLULU 96802	C
		AMOUNT OWED AT END OF YEAR
		H
		C
		B

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	VALUE
	96761	K

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.

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 0 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: /s/ Summer M.M. Kupau-Odo

DATE: 04/24/2019

NOTE: This filing is not valid without a signature.