



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-12-0000198  
03-APR-2020  
01:42 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 only)

NAME: Acoba Edmund Dean  
(LAST) (FIRST) (MIDDLE)

OFFICE ADDRESS: 3970 Ka'ana Street, Suite 203  
NUMBER, STREET

CITY OR TOWN: Lihue ZIP CODE: 96766

NAME OF SPOUSE OR DOMESTIC PARTNER:

No. of Dependent Children:  
(Do not include names)

JUDICIAL POSITION HELD

DATE OF APPOINTMENT

OFFICE PHONE

District Family Court Judge

05/27/2011

(808) 482-2391

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2019

|                         |  |                    |
|-------------------------|--|--------------------|
| ITEM 1<br>RSCH 15(d)(1) | JUDICIAL COMPENSATION  | 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  | BUSINESS ADDRESS   |
|                         |  | ANNUAL INCOME      |
| 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) |                    |
|                         | EMPLOYER   | ANNUAL INCOME      |
|                         | Spouse - Self Employed Life Insurance Agent  | E                  |
|                         | Part-owner Boba Tea & Company (Est. August 2017)   |                    |

|                         |   |
|-------------------------|---|
| 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 |
|-------------------|------------------------------|--------|
| Wedding Officiant | Officiate Wedding Ceremonies | B      |

☐ 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 |
|------------------|--------------------|--------------------|-------------------------------|
|                  |                    |                    |                               |

☒ 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 |
|------------------|------------------|-------------------|
|                  |                  |                   |

☒ 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<br><br>Kauai Government Employees FCU<br><br>2976 Ewalu Street, Lihue, HI 96766<br><br>Garden Island FCU<br><br>2973 Kele Street, Lihue, HI 96766<br><br>American Express, P.O. Box 360001<br><br>Ft. Lauderdale, FL 33336-0001 | ORIGINAL AMOUNT OWED<br><br>C<br><br>C<br><br>C  | AMOUNT OWED AT END OF YEAR<br><br>B<br><br>C<br><br>C |                        |
| <input type="checkbox"/> Check here if entry is None <input checked="" type="checkbox"/> 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<br><br>96766   | VALUE<br><br>H   |   |                        |
| <input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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    |
|  |  |   |                        |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 |
|  |  |   |                        |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets   |  |   |                        |

|                          |  |
|--------------------------|--|
| ITEM 12<br>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<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 | DESCRIPTION OF GIFT | ESTIMATED VALUE |
|--------|---------------------|-----------------|
|        |                     |                 |

☒ Check here if entry is None

☐ Check here if you have attached additional sheets

|                                     |   |
|-------------------------------------|---|
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h) | FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION |
|-------------------------------------|---|

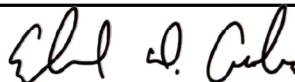
I attended 53.5 hours of Approved Judicial Education during the reporting period.

REMARKS:

☐ See attached sheets.

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

SIGNATURE: /s/ Edmund D. Acoba



DATE: 04/03/2020

NOTE: This filing is not valid without a signature.

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Supreme Court  
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01:43 PM**

ADDENDUM TO ITEM 8

| NAME AND ADDRESS OF CREDITOR   | ORIGINAL AMOUNT OWED | AMOUNT OWED AT END OF<br>THE YEAR |
|--|----------------------|-----------------------------------|
| American Honda Finance Corp.<br>P.O. Box 60001<br>City of Industry, CA 91716-0001                              | C                    | C                                 |
| Firstmark Services<br>P.O. Box 2977<br>Omaha, NE 68103-2977  | H                    | H                                 |
| Bank of Hawaii – VISA<br>General Correspondence<br>Card Services<br>P.O. Box 8801<br>Wilmington, DE 19899-8001 | C                    | C                                 |
| First Hawaiian Bank<br>Consumer Loan Center<br>P.O. Box 29450<br>Honolulu, Hawaii 96820-1850                   | D                    | C                                 |
| Quicken Loans<br>P.O. Box 6577<br>Carol Stream, IL 60197-6577  | G                    | G                                 |
| Gather FCU<br>4493 Pahee Street<br>Lihue, HI 96766   | B                    | C                                 |