



SUPREME COURT CLERK'S OFFICE
417 SOUTH KING STREET
HONOLULU, HAWAII 96813-2912

FINANCIAL DISCLOSURE STATEMENT

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**Electronically Filed
Supreme Court
SCFD-15-0000305
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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 SHOULD 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)

<p>NAME: <u>Crabtree</u> <u>Jeffrey</u> <u>Parker</u> (LAST) (FIRST) (MIDDLE)</p> <p>OFFICE ADDRESS: <u>777 Punchbowl Street</u> NUMBER, STREET</p> <p>CITY OR TOWN: <u>Honolulu</u> ZIP CODE: <u>96813</u></p>	<p>NAME OF SPOUSE OR DOMESTIC PARTNER: <u>Ann Bouslog</u></p> <p>No. of Dependent Children: (Do not include names) <u>0</u></p>	
<p>JUDICIAL POSITION HELD <u>Circuit Court Judge</u></p>	<p>DATE OF APPOINTMENT <u>11/25/2014</u></p>	<p>OFFICE PHONE <u>808-539-4105</u></p>

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2019

ITEM RSCH 15(d)(1)	JUDICIAL COMPENSATION	ANNUAL INCOME						
1	JUDICIAL COMPENSATION	G						
ITEM RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)	ANNUAL INCOME						
2	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">EMPLOYER/LAW FIRM</th> <th style="width: 10%;">BUSINESS ADDRESS</th> <th style="width: 45%;">ANNUAL INCOME</th> </tr> </thead> <tbody> <tr> <td>Law Offices of Jeff Crabtree</td> <td>P.O. Box 62074</td> <td>A</td> </tr> </tbody> </table>	EMPLOYER/LAW FIRM	BUSINESS ADDRESS	ANNUAL INCOME	Law Offices of Jeff Crabtree	P.O. Box 62074	A	A
EMPLOYER/LAW FIRM	BUSINESS ADDRESS	ANNUAL INCOME						
Law Offices of Jeff Crabtree	P.O. Box 62074	A						
ITEM RSCH 15(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)	ANNUAL INCOME						
3	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">EMPLOYER</th> <th style="width: 30%;">ANNUAL INCOME</th> </tr> </thead> <tbody> <tr> <td>Spouse PBR Hawaii</td> <td>F</td> </tr> </tbody> </table>	EMPLOYER	ANNUAL INCOME	Spouse PBR Hawaii	F	F		
EMPLOYER	ANNUAL INCOME							
Spouse PBR Hawaii	F							

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
Law Offices of Jeff Crabtree	law firm (no services performed)	sole owner	NA

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)

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
First Hawaiian Bank (law office)	E	E
Hawaii State FCU	F	F
PNC Bank	I	I

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	
96822	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.
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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
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I attended 43 hours of Approved Judicial Education during the reporting period.

REMARKS: Regarding items 2 and 5 above, my old law firm still exists on paper as a "winding down" operation. No services are provided by the firm. The firm has one more fee owed, but it was not received this year.

See attached sheets.

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

SIGNATURE: /s/ Jeffrey.P.Crabtree

DATE: 4/28/2020

NOTE: This filing is not valid without a signature.