



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-11-0000204
14-APR-2020
10:08 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 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>FREITAS</u> <u>HARRY</u> <u>P</u> <small>(LAST) (FIRST) (MIDDLE)</small></p> <p>OFFICE ADDRESS: <u>777 KILAUEA AVE</u> <small>NUMBER, STREET</small></p> <p>CITY OR TOWN: <u>HILO</u> ZIP CODE: <u>96720</u></p> | <p>NAME OF SPOUSE OR DOMESTIC PARTNER: SANDRA FREITAS</p> <p>No. of Dependent Children: (Do not include names) 0</p> | |
| <p>JUDICIAL POSITION HELD PER DIEM JUDGE</p> | <p>DATE OF APPOINTMENT 01-16-2020</p> | <p>OFFICE PHONE (808)961-7470</p> |

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2019

| | | |
|-----------------------|---|---------------------------|
| ITEM RSCH 15(d)(1) | JUDICIAL COMPENSATION | ANNUAL INCOME F |
| ITEM RSCH 15(d)(1) | JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) | |
| | EMPLOYER/LAW FIRM | BUSINESS ADDRESS |
| | ANNUAL INCOME | |
| | EMPLOYER | ANNUAL INCOME |
| | STATE OF HAWAII JUDICIARY (GRAND JURY COUNSEL) | B |

| | |
|-------------------------|---|
| 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 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. |
|-------------------------|--|

| NAME OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | ENTER AMOUNT OR NO. OF SHARES |
|------------------|--------------------|--------------------|-------------------------------|
| FREITAS COMPANY | RANCH | PARTNER | 50% |

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 |
|-------------------------|---|

| 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. |
|-------------------------|--|

| 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 |
| BOH P.O. Box 380034 Honolulu, HI 96838 | H | H |
| Provident Funding P.O. Box 5914 Santa Rosa CA 95402 | H | H |
| Wells Fargo P.O. Box 51963 Los Angeles CA 90051 | D | C |

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 | |
| 96771 | I | |
| 96720 | G | |

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 CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.
RSCH 15(d)(6)

| 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 GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAII REVISIED CODE OF JUDICIAL CONDUCT.
RSCH 15(d)(7);
Rule 3. 13
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 FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION
RSCH 15(d)(8)
& 22(h)

I attended _____ 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/ Harry P. Freitas

DATE: 04-14-2020

NOTE: This filing is not valid without a signature.