THE ME	S A 1 4	IE COURT CLERK 17 SOUTH KING STRE IOLULU, HAWAI'I 9681:	ET	THIS SPAC	E FOR OFFICE USE ONLY E Ctronically Filed Preme Court
A - Less than \$ B - At least \$10 C - At least \$10 D - At least \$25 E - At least \$20 F - At least \$10	ting this form please read the fixt of Supreme Court Rule 15. Nowing financial range codes \$ 1,000 000 but less than \$10,000 0,000 but less than \$25,000 5,000 but less than \$50,000 0,000 but less than \$100,000 00,000 but less than \$150,000 7ALL FULL TIME AND PER DIEM J	REMINDER: For all items SHOULD be used. G - At least \$150,000 but H - At least \$250,000 but I - At least \$500,000 but J - At least \$750,000 but K -\$1,000,000 or more	s requiring a monetary, less than \$250,000 less than \$500,000 ess than \$750,000	SC 03	FD-13-0000225 -MAR-2020 :42 PM
		(Тур	e only)	1	
		ADRIANNE	Ν.	NAME OF SPO	DUSE OR DOMESTIC PARTNER:
(LAST))	(FIRST)	(MIDDLE)	LEO K. CA	AIRES
OFFICE ADDRESS:	HOAPILI HALE, 2145	MAIN ST.		No. of Depend	ent Children:
-		ER, STREET		(Do not include	names)
CITY OR TOWN:	AILUKU	ZIP COD	96793	4	
JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE Family Court District Court Judge May 14, 2018 808-244					4-2700
CALENDAR YEAR COV	/ERED BY THIS DISCLOSURE:	20 <u>19</u>			
ITEM 1 RSCH 15(d)(1) JUI	DICIAL COMPENSATION				ANNUAL INCOME G
	DGE'S OTHER INCOME	exceeds \$1,000)		,	
	EMPLOYER/LAW FIRM		BUSINESS ADDR	RESS	ANNUAL INCOME
	COME OF SPOUSE OR DOM income for services rendered e		PENDENT CHILDREN		
la di		EMPLOYER			ANNUAL INCOME
U.S. CENSUS BL	JREAU, DEPARTMEN	T OF COMMERCE			E
MILLENIUM REA	ALTY LLC				D

Page 1

SOURCE NATURE OF SERVICES RENDERED AMOUNT Image: Source if entry is None Check here if you have attached additional sheets Image: Source 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. 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 OR NO. OF SHAF	ANY OTHER INCOME, FOR SERVICES RENDERED, IN EXCESS OF \$1,000 - INCOME DISCLOSED IN ITEMS 1 - 3 NEED NOT BE REPEATED HERE					
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 NAME OF BUSINESS	JNT	ENDERED AMOUN	IATURE OF SERVICES REN	Ν	SOURCE	
RSCH 15(d)(2) 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		neets	nave attached additional shee	Check here if you l	k here if entry is None	Che
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 VALUE OF TRANSFER		OR NO. Of Neets HIS DISCLOSURE PERIOD	nave attached additional shee	Check here if you h	k here if entry is None	Che ITEM 6 C RSCH 15(d)(2)
Check here if entry is None Check here if you have attached additional sheets		neets	have attached additional she	Check here if you	k here if entry is None	🖌 Che
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) Image: Check here if entry is None Image: Check here if you have attached additional sheets Image: Check here if you have attached additional sheets		(enter amount or N				

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	
53RD BANK			Н	
GUILD MOR	TGAGE	1	Н	
AMERICAN SAVINGS BANK H			G	
HAWAII STA	TE FEDERAL CREDIT UNION	Е	D	
HAWAII USA FEDERAL CREDIT UNION		С	В	
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 INTE	AL 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	
96 7 90			E.	

96**7**90

Check here if entry is None Check here if you have attached additional sheets					
ITEM 10 RSCH 15(d)(5)					
POSTAL ZIP CODE OF LOCATION NATURE OF INTEREST NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION GIVEN					
Check here if entry is None Check here if you have attached additional sheets					
	Check here if entry is No	one Chec	k here if you have attached additional sheets		
ITEM 11 RSCH 15(d)(5)			k here if you have attached additional sheets	CLOSURE PERIOD.	
ITEM 11 RSCH 15(d)(5)				CLOSURE PERIOD.	

L

RSCH 15(d)(6)							
	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE			
√ 0	Check here if entry is None	Check here if you have attached addi	tional sheets				
ITEM 13 RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct	RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE			
	check here if entry is None	Check here if you have attached addi	tional sheets				
ITEM 14 RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION & 22(h)							
I attended <u>73</u> hours of Approved Judicial Education during the reporting period.							
REMARKS:							
See attached sheets.							
CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement.							
SIGNATURE: /s	SIGNATURE: /s/ ADRIANNE N. HEELY DATE: 3/3/2020						
NOTE: This filing is not valid without a signature.							

12 CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.

ITEM