



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-20-0000261
01-APR-2020
06:23 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 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>Malinao</u> <u>Clarissa</u> <u>Yandoc</u> <small>(LAST) (FIRST) (MIDDLE)</small></p> <p>OFFICE ADDRESS: <u>94-879 Farrington Highway Suite E</u> <small>NUMBER, STREET</small></p> <p>CITY OR TOWN: <u>Waipahu</u> ZIP CODE: <u>96797</u></p> | <p>NAME OF SPOUSE OR DOMESTIC PARTNER: Brian P. Sheehy</p> <p>No. of Dependent Children: (Do not include names) 0</p> | |
| <p>JUDICIAL POSITION HELD Per Diem Judge, District Court</p> | <p>DATE OF APPOINTMENT August 12, 2019</p> | <p>OFFICE PHONE (808) 744-3442</p> |

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2019

| ITEM RSCH 15(d)(1) | DESCRIPTION | ANNUAL INCOME | | | | | | |
|--------------------------|--|-------------------|------------------|----------------------|--------------------------|---|---|--|
| 1 | JUDICIAL COMPENSATION | C | | | | | | |
| 2 | JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) | | | | | | | |
| | <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>Clarissa Y. Malinao, AAL</td> <td>94-879 Farrington Highway, Suite E Waipahu, HI 96797</td> <td>E</td> </tr> </tbody> </table> | EMPLOYER/LAW FIRM | BUSINESS ADDRESS | ANNUAL INCOME | Clarissa Y. Malinao, AAL | 94-879 Farrington Highway, Suite E Waipahu, HI 96797 | E | |
| EMPLOYER/LAW FIRM | BUSINESS ADDRESS | ANNUAL INCOME | | | | | | |
| Clarissa Y. Malinao, AAL | 94-879 Farrington Highway, Suite E Waipahu, HI 96797 | E | | | | | | |
| 3 | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000) | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%;">EMPLOYER</th> <th style="width: 25%;">ANNUAL INCOME</th> </tr> </thead> <tbody> <tr> <td>Brian P. Sheehy, AAL</td> <td>H</td> </tr> </tbody> </table> | EMPLOYER | ANNUAL INCOME | Brian P. Sheehy, AAL | H | | | |
| EMPLOYER | ANNUAL INCOME | | | | | | | |
| Brian P. Sheehy, AAL | H | | | | | | | |

| | |
|-------------------------|---|
| 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 |
|------------------------|--------------------|--------------------|-------------------------------|
| Please see attachment. | | | |

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 |
| Please see attachment. | | |

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 | |
| 96815 | 1 | |

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/ Clarissa Y. Malinao

DATE: 04/01/2020

NOTE: This filing is not valid without a signature.

Financial Disclosure Statement

Clarissa Y. Malinao

April 1, 2020

Attachment

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Item 5

I held interests having a value of \$5,000 or more in the following businesses during 2019 (the reporting period):

1. MFS Investment Management, MFS Growth Allocation Fund 1028(A); mutual funds ROTH IRA; D.
2. Jackson Perspective II Variable Annuity; tax deferred investment; D.
3. American Century Investments Prime Money Market Investments; money market fund; F.
4. American Century Investments One Choice Portfolio Moderate Investment; growth fund; E.

My spouse held interest having a value of \$5,000 or more in the following businesses during 2019 (the reporting period):

1. Jackson National Variable Annuity; Investment; H.

Item 8

Creditors

My spouse and I owed more than \$3,000 to the following creditors, as defined in item 8, during the reporting period:

1. Mercedes Benz Financial Services, P.O. Box 5209, Carol Stream, IL 60197; Original Amount Owed: E; Amount owed at end of year: E.

I owed more than \$3,000 to the following creditors, as defined in item 8, during the reporting period:

1. Nationstar Mortgage LLC d/b/a Mr. Cooper, 8950 Cypress Waters Blvd., Dallas, TX 75019; Original amount owed: H; Amount owed at end of year: H.

My spouse owed more than \$3,000 to the following creditors, as defined in item 8, during the reporting period:

1. American Express, P.O. Box 650448, El Paso, TX 79998; Original amount owed: C; Amount owed at end of year: C.