

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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

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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
- F At least \$100,000 but less than \$150,000
- E At least \$50,000 but less than \$100,000
- 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	Marte	ell	Linda	Susan	NAME OF SPO	NAME OF SPOUSE OR DOMESTIC PARTNER:		
TWAVIE.	(LAST		(FIRST) (MIDDLE) John Bar			ai		
OFFIC	E ADDRES	is: _	6 7 5 Kapolei Parkway		No. of Depende			
CITY O	R TOWN:	Ka _l	NUMBER, STREET DOIE ZIP COD	96 7 07	2	: names)		
JUDICIAL POSITION HELD DATE OF APPOINTM				OFFICE	E PHONE			
Per Diem Judge 01/19/2005								
CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2019								
ITEM RSCH	1 15(d)(1)	JUE	OICIAL COMPENSATION			ANNUAL INCOME E		
ITEM RSCH	2 15(d)(1)		GE'S OTHER INCOME come for services rendered exceeds \$1,000)		,			
	mployed		EMPLOYER/LAW FIRM	BUSINESS ADDRESS P.O. Box 10800, Honolulu, HI S		ANNUAL INCOME B		
RSCH	3 15(d)(1)		OME OF SPOUSE OR DOMESTIC PARTNER AND DE come for services rendered exceeds \$1,000)	PENDENT CHILDREN				
EMPLOYER University of Hawaii						ANNUAL INCOME G		
JAIMS						В		

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 ITEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A					
ITEM 5 RSCH 15(d)(2)	VALUE OF \$5,000 OR MORE OR EQU.					IE, HA	VING A	
	NAME OF BUSINESS		NATUF	RE OF BUSINESS	NATURE OF INTERES	ST	ENTER AMOUNT OR NO. OF SHARES	
Vanguard Inde	exed Funds		financial		mutual fund investment		Κ	
State of Hawa	ii Deferred Compensation		financial		investment		E	
	Shoot have if autoric Name							
	check here if entry is None			ave attached additional sh				
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTER	EST UNI	DER ITEM 5 TRA	ANSFERRED DURING TH	IIS 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)		
Hawaii Housing Development Corporation				Vice-Chair		(None	
Hawaii Women's Legal Foundation				Board Member			None	
Iwakuni Odori Aiko Kai				Vice President		None		
Positive Coaching Alliance				Board Member		None		
Check here if entry is None Check here if you have attached additional sheets								

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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 ADDRES	SS OF CREDITOR		ORIGINAL AMOU	NT OWED	AMO	UNT OWED AT END OF YEAR	
~	Check here if entry is N	one Chec	ck here if you h	ave attached additional sh	eets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	N THE STATE IN WHICH IS F	IELD AN INTE	REST WITH A FAIR MARK	ET VALUE OF \$1	0,000 OR	MORE.	
00040		POSTAL ZIP CODE OF LO	CATION			VALUE		
96816							J	
	Check here if entry is N	one Chec	ck here if you h	ave attached additional sh	eets			
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE O	F WHICH EXC	EEDS \$10,000. ACQUIRE	D DURING THE	DISCLOS	JRE PERIOD.	
POSTAL ZIP CODE OF LOCATION		NATURE OF INTEREST		E AND ADDRESS OF PERSON RECEIVING SIDERATION			CONSIDERATION GIVEN	
✓ Check here if entry is None Check here if you have attached additional sheets								
ITEM 11 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE O	F WHICH EXC	EEDS \$10,000, TRANSFE	RRED DURING	THE DISC	LOSURE PERIOD.	
POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION				TION		CONSIDERATION RECEIVED		
	Check here if entry is N	one Chec	ck here if you h	ave attached additional sh	eets			

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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	VALUE					
J	Check here if entry is None	Check here if you have attached addi	itional 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 HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.							
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE				
✓ 0	Check here if entry is None	Check here if you have attached addi	itional sheets					
ITEM 14 RSCH 15(d)(8) & 22(h)	ITEM 14 RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION							
I attended10 hours of Approved Judicial Education during the reporting period.								
REMARKS:	also attended the required amo	unt of CLE for the Hawaii State Bar	Association in 2019.					
See attached sheets								
See attached sheets.								
CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement.								
SIGNATURE: /s	s/ Linda S. Martell		DATE:	04/20/2020				
NOTE: This filing is not valid without a signature.								

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