SUF	THIS SPACE FOR OFFICE USE ONLY Electronically Filed Supreme Court				
	G - At least \$150,000 but less tha H - At least \$250,000 but less tha I - At least \$500,000 but less than J - At least \$750,000 but less than K -\$1,000,000 or more	Sciosure Statement, is requiring a monetary SCFD-15-000 07-FEB-2020 07-FEB-2020 01:06 PM 01:06 PM			
TO BE FILED BY ALL FULL TIME AND PER	DIEM JUDGES. (Type only)				
Masunaga	Margaret	К.		OR DOMESTIC PARTNER:	
NAME: (LAST)	(FIRST)	(MIDDLE)			
74-5451 Kamakae	ha Avenue		Mr. Gail Masu	naga	
OFFICE ADDRESS: NUMBER, STREET			No. of Dependent Children: (Do not include names)		
CITY OR TOWN: Kailua-Kona	ZIP CODE:	96 7 40	1		
JUDICIAL POSITION HELD	DATE OF APPOINTMENT	C	FFICE PHONE		
udge	12/02/2014		(808) 322-8	700	
CALENDAR YEAR COVERED BY THIS DISCLOSI	IRE: 2019				
ITEM 1 JUDICIAL COMPENSATIO	N		ίλ.	ANNUAL INCOME	
RSCH 15(d)(1)				G	
ITEM 2 JUDGE'S OTHER INCOM RSCH 15(d)(1) (if income for services rend					
EMPLOYER/LAW FI	RM	BUSINESS ADD	RESS	ANNUAL INCOME	

ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)	
15	EMPLOYER	ANNUAL INCOME
UPS		D

ITEM 4 RSCH 15(d)(1)							
	SOURCE	NATURE OF SERVICES RENDERED			AMOUNT		
Various	rious Weddir		ldings perforn	lings performed			В
						-	
	Check here if entry is None	CI	heck here if you h	nave attached additional sh	neets		
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU					ATE, HAV	/ING A
	NAME OF BUSINESS		NATUI	RE OF BUSINESS	NATURE OF INTERE	ST	ENTER AMOUNT OR NO. OF SHARES
Deferred Con	npensation		Retirement	Fund	Stocks, bonds		Н
	Check here if entry is None	Cł	heck here if you h	ave attached additional sh	neets		
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTER	EST UN	IDER ITEM 5 TR	ANSFERRED DURING TH	HIS DISCLOSURE PERIOD		
	NAME OF BUSINESS		DATE	E OF TRANSFER	VALUE	OF TRAI	NSFER
Check here if entry is None Check here if you have attached additional sheets							
ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTOR	RSHIP, T	RUSTEESHIP C	R OTHER FIDUCIARY RE	ELATIONSHIP HELD IN ANY	Y BUSINE	ESS.
NAME OF BUSINESS			TITLE AND TERM OF OFFICE COMPENSATION (enter amount or NONE)				
						(,
	Check here if entry is None	C	heck here if you l	nave attached additional sl	heets	1	

ITEM 8 RSCH 15(d)(4)		REDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE D. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.					
M & T Dort					AMC		
M & I Bank,	POB 1288, Buffal	D, NY 1424U		Н		н	
·							
	Check here if entry is No			ave attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	I THE STATE IN WHICH IS F	IELD AN INTE	REST WITH A FAIR MARKET VALUE OF \$	10,000 OF	R MORE.	
96 7 04		POSTAL ZIP CODE OF LO	CATION			VALUE	
00101						r	
c	Check here if entry is No	one Cheo	ck here if you h	ave attached additional sheets			
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE O	F WHICH EXC	EEDS \$10,000. ACQUIRED DURING THE	DISCLOS	URE PERIOD.	
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON RECEIVIN SIDERATION	IG	CONSIDERATION GIVEN	
2							
	Check here if entry is No	one Cheo	ck here if you h	ave 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 C	ODE OF LOCATION	NAME AND ADDRESS C	OF PERSON FL	JRNISHING 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 add	itional sheets				
ITEM 13							
RSCH 15(d)(7); Rule 3. 13 Revised Code	GIFT(S) THAT MUST BE REPORTED	UNDER RULE 3. 13(c) OF THE HAWAI'I RE	EVISED CODE OF JUDICIAL CONDUCT				
of Judicial Conduct							
	SOURCE	DESCRIPTIO	N OF GIFT	ESTIMATED VALUE			
√ (Check here if entry is None	Check here if you have attached add	itional sheets				
ITEM 14 RSCH 15(d)(8) & 22(h)	RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
I attended <u>55.5</u> hours of Approved Judicial Education during the reporting period.							
REMARKS:							
	See attached sheets.						
	N: I haraby partiffy that the above in a two	a correct and complete statement					
CERTIFICATIO	N: I hereby certiffy that the above is a tru	e, correct, and complete statement.					

SIGNATURE: /s/ Margaret K. Masunaga

NOTE: This filing is not valid without a signature.

02/07/2020

DATE: