

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

## FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed Supreme Court** SCFD-12-0000201 26-FEB-2020 04:12 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)						
NAME:	IIAI (LAST)	DEAN (FIRST)		E (MIDDLE)		OUSE OR DOMESTIC PARTNER:	
OFFICE ADDRES		BER, STREET			Rene S. (  No. of Depend (Do not include)	lent Children:	
CITY OR TOWN:	Honolulu		ZIP CODE:	96813	1	,	
JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE							
Judge, First (			02/15/2013		539-	4006	
CALENDAR YEA	CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2019						
ITEM 1 RSCH 15(d)(1)	JUDICIAL COMPENSATION					ANNUAL INCOME G	
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered	exceeds \$1,000)					
y <u>.</u>	EMPLOYER/LAW FIRM		7/2	BUSINESS A	DDRESS	ANNUAL INCOME	
ITEM 3 RSCH 15(d)(1)							
EMPLOYER  Mid-Pacific Institute						ANNUAL INCOME E	

Residential Rental  Apartment Rental  Apartment Rental  Check here if you have attached additional sheets    Check here if you have attached additional sheets   Check here if you have attached additional sheets   Check here if you have attached additional sheets   Check here if you have attached additional sheets   Check here if you have attached additional sheets   NATURE OF BUSINESS   NATURE OF BUSINESS   NATURE OF INTEREST   OR NO. OF SHARES     OWNERSHIP OF BUSINESS   NATURE OF BUSINESS   NATURE OF INTEREST   OR NO. OF SHARES     Des Moines, IA 50309-3942   Des Moines, IA 50309-3942     Check here if entry is None   Check here if you have attached additional sheets     Check here if entry is None   Check here if you have attached additional sheets     OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD     NAME OF BUSINESS   DATE OF TRANSFER   VALUE OF TRANSFER     VALUE OF TRANSFER   VALUE OF TRANSFE	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						
Check here if entry is None  Check here if you have attached additional sheets  TEM 5 REACH 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.  NATURE OF BUSINESS  NATURE OF BUSINESS  NATURE OF INTEREST OR NO. OR NO. OF SHARES OR NO. OF SHARE	-	SOURCE		NATURE OF SERVICES RENDERED			AMOUNT	
ITEM 5 RSCH 19(9)/2)  EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF 55.000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS  NAME OF BUSINESS  NATURE OF BUSINESS  NATURE OF BUSINESS  NATURE OF BUSINESS  NATURE OF INTEREST OR NO. OF SHARES OR NO. OF SHARE	Residential Rental		Apar	tment Rental				С
ITEM 5 RSCH 19(9)/2)  EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF 55.000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS  NAME OF BUSINESS  NATURE OF BUSINESS  NATURE OF BUSINESS  NATURE OF BUSINESS  NATURE OF INTEREST OR NO. OF SHARES OR NO. OF SHARE								
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NAME OF BUSINESS  NAME OF BUSINESS  NAME OF BUSINESS  NATURE OF BUSINESS  NATURE OF BUSINESS  NATURE OF INTEREST OR NO. OF SHARES  699 Walnut Street, Suite 1350  Des Moines, IA 50309-3942    Check here if entry is None		Check here if entry is None	Ch	neck here if you h	ave attached additional sh	neets		
Voya Retirement Insurance & Annuity Company  G99 Walnut Street, Suite 1350 Des Moines, IA 50309-3942  Pension  OR NO. OF SHARES D  OR NO. OF SHARE							ATE, HA	VING A
Des Moines, IA 50309-3942  Check here if entry is None		NAME OF BUSINESS		NATURE OF BUSINESS		NATURE OF INTEREST		
Check here if entry is None Check here if you have attached additional sheets    TEM	Voya Retirem	ent Insurance & Annuity Compa	ny	699 Walnut	Street, Suite 1350	Pension		D
ITEM 6 RSCH 18(d)(2)  NAME OF BUSINESS  DATE OF TRANSFER  VALUE OF TRA				Des Moines	, IA 50309-3942			
ITEM 6 RSCH 15(d)(2)  NAME OF BUSINESS  DATE OF TRANSFER  VALUE OF TRANSFER  ITEM 7 RSCH 15(d)(3)  NAME OF BUSINESS  TITLE AND TERM OF OFFICE  COMPENSATION (enter amount or NONE)								
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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)		OWNERSHIP OR BENEFICIAL INTER	EST UN	DER ITEM 5 TRA	ANSFERRED DURING TH	IIS DISCLOSURE PERIOD		
ITEM 7 RSCH 15(d)(3)  NAME OF BUSINESS  TITLE AND TERM OF OFFICE  COMPENSATION (enter amount or NONE)		NAME OF BUSINESS		DATE OF TRANSFER		VALUE OF TRANSFER		
ITEM 7 RSCH 15(d)(3)  NAME OF BUSINESS  TITLE AND TERM OF OFFICE  COMPENSATION (enter amount or NONE)								
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NAME OF BUSINESS  TITLE AND TERM OF OFFICE  COMPENSATION (enter amount or NONE)	<b></b>	Check here if entry is None	Cł	neck here if you h	nave attached additional sh	neets		
NAME OF BUSINESS  TITLE AND TERM OF OFFICE  COMPENSATION (enter amount or NONE)								
	· · · · · · · · · · · · · · · · · · ·				TITLE AND TERM OF OFFICE COMPENSATION		PENSATION	
							(enter	amount or NONE)
✓ Check here if entry is None Check here if you have attached additional sheets		Shook haro if antry is None		nook horo if	novo attoched additional al	neets		

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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	S OF CREDITOR		ORIGINAL AMOUNT OWED	AMO	UNT OWED AT END OF YEAR	
<b>√</b> 0	Check here if entry is No	one Chec	ck here if you h	l. nave attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	N THE STATE IN WHICH IS F	IELD AN INTE	REST WITH A FAIR MARKET VALUE OF \$	10,000 OF	R MORE.	
		POSTAL ZIP CODE OF LO	CATION			VALUE	
9681 <b>7</b>						J	
96813						Ę.	
	Check here if entry is No	one Chec	ck here if you h	nave attached additional sheets			
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE O	F WHICH EXC	CEEDS \$10,000. ACQUIRED DURING THE	DISCLOS	URE PERIOD.	
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		IE AND ADDRESS OF PERSON RECEIVIN	G	CONSIDERATION GIVEN	
96813		Fee Purchase	MIIT Coro	onet LLC		Н	
			c/o Stever	n Jacobson, Esq.			
			P.O. Box	240 <b>7</b> 61 Honolulu, HI 96824			
						4	
Check here if entry is None  Check here if you have attached additional sheets							
ITEM 11 REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD.							
			S OF PERSON FURNISHING CONSIDERATION			CONSIDERATION RECEIVED	
96 <b>7</b> 01		Guy Debutiaco and Penny Pagba				Н	
		310 Kamehameha Hwy, #239, Aiea, Hi 96701					
<b>√</b> 0	✓ Check here if entry is None Check here if you have attached additional sheets						

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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 NATURE OF INTEREST		VALUE			
<b>√</b> (	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	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) & 22(h)	FULL-TIME JUDGES' APPROVED JU	DICIAL EDUCATION					
I attended40 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/ Dean E. Ochiai			DATE:	02/26/2020			
NOTE: This filing is not valid without a signature.							

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