THE		4	/IE COURT CLEF 17 SOUTH KING STF IOLULU, HAWAI'I 968	REET	THIS SPAC	SCLOSURE STATEMENT SE FOR OFFICE USE ONLY ectronically Filed upreme Court
Potero completing this form please read the instructions for Einspeiel Diselegure Statement				CFD-20-0000292 -APR-2020		
			(Т	ype only)		
	ΕΜΟΤΟ		MYRON	HISAO	NAME OF SP	OUSE OR DOMESTIC PARTNER:
NAME:(LAST)		(FIRST)	(MIDDLE)	JOAN TA	КЕМОТО
OFFICE ADDRES	P.O. BOX 6	99			No. of Depend	lent Children:
OFFICE ADDRES		NUMB	ER, STREET		(Do not includ	
CITY OR TOWN:	KANEOHE		ZIP C	ODE:	2	
JUDICIAL POSITI						
		Л		2/2019		36-2900
	R COVERED BY THIS D		2019		. ,	
		ISCLOSURE.	20 <u>10</u>			
ITEM 1 RSCH 15(d)(1)	JUDICIAL COMPE	NSATION				ANNUAL INCOME C
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER		exceeds \$1 000)			
RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) EMPLOYER/LAW FIRM MYRON TAKEMOTO, ATTORNEY AT LAW			BUSINESS ADD P.O. BOX 699, KANEOHE	ANNUAL INCOME F		
ITEM 3 RSCH 15(d)(1)	INCOME OF SPOU (if income for servi			DEPENDENT CHILDREN		
6			EMPLOYER			ANNUAL INCOME
HAWAII HEALTH SYSTEMS CORPORATION					E	

Page 1

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	1	IATURE OF SERVICES R	ENDERED	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.							
MYRON TAK	NAME OF BUSINESS	NATU	RE OF BUSINESS	NATURE OF INTERE	ST ENTER AMOUNT OR NO. OF SHARES 100%			
ITEM 6	Check here if entry is None							
RSCH 15(d)(2)	NAME OF BUSINESS		E OF TRANSFER		OF TRANSFER			
Check here if entry is None Check here if you have attached additional sheets								
ITEM 7 RSCH 15(d)(3)	ITEM 7 RSCH 15(d)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.							
	NAME OF BUSINESS			ERM 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)		OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE EDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.					
BARCLAYS	NAME AND ADDRES (P.O. BOX 8802,	SS OF CREDITOR WILMINGTON, DE 198	399)	ORIGINAL AMOUNT OWED D) AMC	DUNT OWED AT END OF YEAR D	
	Check here if entry is N	one Che	ck here if you h	ave attached additional sheets	ŀ		
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	N THE STATE IN WHICH IS F	HELD AN INTE	REST WITH A FAIR MARKET VALUE	E OF \$10,000 OF	R MORE.	
		POSTAL ZIP CODE OF LC	CATION			VALUE	
	Check here if entry is N		-la harra Marana h				
				ave attached additional sheets			
RSCH 15(d)(5)							
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON REG SIDERATION	CEIVING	CONSIDERATION GIVEN	
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.							
POSTAL ZIP C	ODE OF LOCATION	NAME AND ADDRESS (DF PERSON FU	JRNISHING CONSIDERATION		CONSIDERATION RECEIVED	
	Check here if entry is N		ck here if you h	ave 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	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	GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
Conduct	SOURCE	DESCRIPTIO		ESTIMATED VALUE			
	COUNCE						
Check here if entry is None Check here if you have attached additional sheets							
ITEM 14 RSCH 15(d)(8) & 22(h)	RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
l attended <u>5.25</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/ Myron H. Takemoto

04/19/2020

DATE:

NOTE: This filing is not valid without a signature.

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