

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-11-0000288 05-MAY-2020 02:40 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
- 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.

| | | | (тур | e only) | | | | |
|--------------------------|-------------|---|-----------------------------------|------------------------|-----------------|--------------------------|--|--|
| NAME: | Uale | | Bode | Α | NAME OF SPO | USE OR DOMESTIC PARTNER: | | |
| NAME. | (L | AST) | (FIRST) | (MIDDLE) | Beth | | | |
| OFFICE A | ADDRESS | 4675 Kapolei Parkway | | | | ent Children: | | |
| 01.1027 | 15571201 | | NUMBER, STREET | | (Do not include | (Do not include names) | | |
| CITY OR T | TOWN: | Kapolei | ZIP COD | 96 7 0 7 | 0 | | | |
| JUDICIAL | POSITIO | N HELD | DATE OF APPOINTMENT | | OFFICE PHONE | | | |
| Dsitrict F | Family | Judge | 10/24/ | 2015 | 808954 | 8089548088 | | |
| CALENDA | AR YEAR | COVERED BY THIS DISC | LOSURE: 20 <u>19</u> | | | | | |
| ITEM RSCH 15(| 1 | JUDICIAL COMPENS | ATION | | | ANNUAL INCOME | | |
| 1301113(| (4)(1) | | | | | G | | |
| ITEM RSCH 15(| 2 (d)(1) | JUDGE'S OTHER INC (if income for services | COME rendered exceeds \$1,000) | | | | | |
| | , | EMPLOYER/LAW Marriages | | BUSINESS AE | DDRESS | ANNUAL INCOME B | | |
| ITEM RSCH 15(| 3 (d)(1) | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000) | | | | | | |
| | | | EMPLOYER | | | ANNUAL INCOME | | |
| State of Hawaii-DOE | | | | | | E | | |
| Beth Uale's Music Studio | | | | | D | | | |
| HPU | | | | | В | | | |
| | | | | | | | | |
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| 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 | N | ATURE OF SERVICES RE | ENDERED | AMOUNT | |
| ~ | Check here if entry is None | Check here if you h | ave attached additional sh | neets | | |
| ITEM 5 RSCH 15(d)(2) | EACH OWNERSHIP OR BENEFICIAL IN VALUE OF \$5,000 OR MORE OR EQUA | | | | TE, HAVING A | |
| NAME OF BUSINESS Beth Uale's Music Studio | | Music Lesso | RE OF BUSINESS | NATURE OF INTERES | ENTER AMOUNT OR NO. OF SHARES 0 | |
| | | | | | | |
| | Check here if entry is None | Check here if you h | ave attached additional sh | neets | | |
| ITEM 6 RSCH 15(d)(2) | OWNERSHIP OR BENEFICIAL INTERE | | | | | |
| | NAME OF BUSINESS | DATE | E OF TRANSFER | VALUE | OF TRANSFER | |
| ✓ Check here if entry is None | | | | | | |
| 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 | Charleberr | | RM OF OFFICE | COMPENSATION (enter amount or NONE) | |
| ✓ Check here if entry is None Check here if you have attached additional sheets | | | | | | |

JUD 101 (01/2020) Page 2

| 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 AMOUNT OWE | D AMC | UNT OWED AT END OF YEAR | |
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| | Check here if entry is N | one Che | ck here if you h | ave attached additional sheets | | | |
| ITEM 9 RSCH 15(d)(5) | REAL PROPERTY IN | N THE STATE IN WHICH IS H | HELD AN INTE | REST WITH A FAIR MARKET VALU | E OF \$10,000 OF | R MORE. | |
| | | POSTAL ZIP CODE OF LO | CATION | | | VALUE | |
| 96825 | | | | | | K | |
| 96762 | | | | | | J | |
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| | Check here if entry is N | one Chee | ck here if you h | ave attached additional sheets | | | |
| ITEM 10 RSCH 15(d)(5) | REAL PROPERTY, T | HE FAIR MARKET VALUE C | F WHICH EXC | EEDS \$10,000. ACQUIRED DURIN | IG THE DISCLOS | URE PERIOD. | |
| POSTAL ZIP C | ODE OF LOCATION | NATURE OF INTEREST | | E AND ADDRESS OF PERSON RE SIDERATION | CEIVING | CONSIDERATION GIVEN | |
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| Check here if entry is None | | | | | | | |
| ITEM 11 REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD. | | | | | | | |
| RSCH 15(d)(5) | | | | | | CONSIDERATION RECEIVED | |
| POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION | | | | | | CONCIDENTIFICATION | |
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| √ (| Check here if entry is N | one Che | ck here if you h | ave attached additional sheets | | | |

JUD 101 (01/2020) Page 3

| 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 | | | |
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| √ (| 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 HAWAI'I REVISED CODE OF JUDICIAL CONDUCT. | | | | | | |
| | SOURCE | DESCRIPTION | N OF GIFT | ESTIMATED VALUE | | | |
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| | Check here if entry is None | Check here if you have attached addi | tional sheets | | | | |
| ITEM 14 RSCH 15(d)(8) & 22(h) | | | | | | | |
| I attended 30 hours of Approved Judicial Education during the reporting period. | | | | | | | |
| REMARKS: | | | | | | | |
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| See attached sheets. | | | | | | | |
| CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement. | | | | | | | |
| SIGNATURE: /s | s/ Bode A. Uale | | DATE: | 05/05/2020 | | | |
| | | | | | | | |
| NOTE: This filing is not valid without a signature. | | | | | | | |

JUD 101 (01/2020) Page 4