

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

K -\$1,000,000 or more

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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

Electronically Filed Supreme Court SCFD-17-0000360 26-APR-2021 02:48 PM Dkt. 9 FDS

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

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.

			(T	ype only)	•		
NIAME.	Cope	land	Rebecca	Ann		NAME OF SPO	USE OR DOMESTIC PARTNER:
NAME: _	(I	LAST)	(FIRST)	(MIDDLE)			
OFFICE	ADDRES	4675 Kapolei Pa	rkway			No. of Depende	ent Children:
OFFICE	ADDRES		NUMBER, STREET			(Do not include	
CITY OR	TOWN:	Kapolei	ZIP CC	96707 DDE:	-		
JUDICIA	L POSITIO	ON HELD	DATE OF APPOINTMENT		OFFICE PHO	NE	
First Ci	rcuit Fa	amily District Court	01/0	01/06/2020		808-954-8010	
CALEND	AR YEAR	R COVERED BY THIS DISCLO	sure: 20 <u>20</u>				
ITEM RSCH 15	1	JUDICIAL COMPENSAT	ION				ANNUAL INCOME
RSCH 15	5(d)(1)	JUDICIAL COMPLINGAT	ION				G
ITEM RSCH 15	2 5(d)(1)	JUDGE'S OTHER INCO (if income for services re					
		EMPLOYER/LAW F	IRM	BUSINESS A	ADDRESS		ANNUAL INCOME
ITEM RSCH 15	3 5(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)					
			EMPLOYER				ANNUAL INCOME
Gabriel Health						E	

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 RE	ENDERED	AMOUNT	
	Check here if entry is None		have attached additional sh			
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU				ATE, HAVING A	
	NAME OF BUSINESS	NATU	RE OF BUSINESS	NATURE OF INTERE	EST ENTER AMOUNT OR NO. OF SHARES	
Check here if entry is None Check here if you have attached additional sheets						
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTER	EST UNDER ITEM 5 TR	ANSFERRED DURING TH	IIS DISCLOSURE PERIOD		
	NAME OF BUSINESS	DAT	E OF TRANSFER	VALUE	OF TRANSFER	
✓ Check here if entry is None						
ITEM 7 RSCH 15(d)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.						
	NAME OF BUSINESS	Charle hars if		RM OF OFFICE	COMPENSATION (enter amount or NONE)	
	Check here if entry is None	Check here if you	have attached additional sh	neets		

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ITEM 8 RSCH 15(d)(4)		ORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE T CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.				
NAME AND ADDRESS OF CREDITOR			ORIGINAL AMOUNT OWED	AMOL	UNT OWED AT END OF YEAR	
Kia Motor Fir	nance		D		В	
American Ex	press		D		D	
Bank of Haw	aii		В		В	
Navient			F	Е		
Firstmark/Ac	cess Group		Е	С		
Marcus			С		С	
	Check here if entry is None	ere if you ha	ave attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN THE STATE IN WHICH IS HELD	AN INTER	REST WITH A FAIR MARKET VALUE OF \$7	10,000 OR	MORE.	
	POSTAL ZIP CODE OF LOCATI	ION			VALUE	
~ C	Check here if entry is None	ere if you ha	ave attached additional sheets			
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, THE FAIR MARKET VALUE OF WH	HICH EXCI	EEDS \$10,000. ACQUIRED DURING THE	DISCLOS	JRE PERIOD.	
POSTAL ZIP C	ODE OF LOCATION NATURE OF INTEREST		E AND ADDRESS OF PERSON RECEIVIN	CONSIDERATION GIVEN		
		00				
✓ 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 CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION					CONSIDERATION RECEIVED	
✓ Check here if entry is None						

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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			
/ C	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	ESTIMATED VALUE				
~ C	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 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/ Rebecca A. Copeland DATE: 04/26/2021							
NOTE: This filing is not valid without a signature.							

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