



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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed  
Supreme Court  
SCFD-11-0000243  
29-APR-2022  
08:27 PM  
Dkt. 29 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                          | G - At least \$150,000 but less than \$250,000   |
| B - At least \$1,000 but less than \$10,000    | H - At least \$250,000 but less than \$500,000   |
| C - At least \$10,000 but less than \$25,000   | I - At least \$500,000 but less than \$750,000   |
| D - At least \$25,000 but less than \$50,000   | J - At least \$750,000 but less than \$1,000,000 |
| E - At least \$50,000 but less than \$100,000  | K - \$1,000,000 or more                          |
| F - At least \$100,000 but less than \$150,000 |  |

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

(Type only)

NAME: <u>Martell</u> <u>Linda</u> <u>Susan</u> (LAST) (FIRST) (MIDDLE)	NAME OF SPOUSE OR DOMESTIC PARTNER: <u>John Barkai</u>
OFFICE ADDRESS: <u>Family Court, Ronald T.Y. Moon Judiciary Complex, 4675 Kapolei Parkway</u> NUMBER, STREET	No. of Dependent Children: (Do not include names) <u>0</u>
CITY OR TOWN: <u>Kapolei</u> ZIP CODE: <u>96707</u>	
JUDICIAL POSITION HELD <u>Per Diem Judge</u>	DATE OF APPOINTMENT <u>01-19/</u>
	OFFICE PHONE <u>8089548000</u>

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021

ITEM 1 RSCH 15(d)(1)	JUDICIAL COMPENSATION	ANNUAL INCOME <u>E</u>
-------------------------	-----------------------	---------------------------

ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)	
-------------------------	---	--

EMPLOYER/LAW FIRM <u>Self-employed</u>	BUSINESS ADDRESS <u>P.O. Box 10800, Honolulu, HI 96816</u>	ANNUAL INCOME <u>B</u>
---	---	---------------------------

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

EMPLOYER <u>University of Hawaii</u>	ANNUAL INCOME <u>G</u>
---	---------------------------

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 RENDERED	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.
-------------------------	--

NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES
Vanguard Indexed Funds	financial	mutual fund investments	K
State of Hawaii Deferred Compensation	financial	investments	E

 Check here if entry is None

 Check here if you have attached additional sheets

ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD
-------------------------	---

NAME OF BUSINESS	DATE OF TRANSFER	VALUE OF TRANSFER

 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)
Hawaii Housing Development Corporatopm	Vice Chair	NONE
Iwakuni Odori Aiko Kai	Vice President	NONE

 Check here if entry is None

 Check here if you have attached additional sheets

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 ADDRESS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR	

Check here if entry is None       Check here if you have attached additional sheets

ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN THE STATE IN WHICH IS HELD AN INTEREST WITH A FAIR MARKET VALUE OF \$10,000 OR MORE.		
POSTAL ZIP CODE OF LOCATION  96816	VALUE  J		

Check here if entry is None       Check here if you have attached additional sheets

ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. ACQUIRED DURING THE DISCLOSURE PERIOD.			
POSTAL ZIP CODE OF LOCATION	NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION	CONSIDERATION GIVEN	

Check here if entry is None       Check here if you have 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 CODE OF LOCATION	NAME AND ADDRESS OF PERSON FURNISHING 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 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 HAWAII REVISIED CODE OF JUDICIAL CONDUCT.

SOURCE	DESCRIPTION OF GIFT	ESTIMATED VALUE
--------	---------------------	-----------------

Check here if entry is None  Check here if you have attached additional sheets

ITEM 14  
RSCH 15(d)(8)  
& 22(h) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION

I attended 8 hours of Approved Judicial Education during the reporting period.

REMARKS: I also attended the required continuing legal education hours of Hawaii State Bar Association.

See attached sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE: /s/ Linda S. Martell

DATE: 04/29/22

NOTE: This filing is not valid without a signature.