

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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

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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.

(Type only)								
NAME:	CHIAI	DEAN		E	E NAME OF SPO		USE OR DOMESTIC PARTNER:	
IVAIVIL.	(LAST)	(FIRST)		(MIDDLE)	F	Rene S. O	chiai	
OFFICE ADD	777 Pur	777 Punchbowl Street No. of Depender			nt Children:			
NUMBER, STREET						(Do not include names)		
CITY OR TOW	Honolulu	;	ZIP CODE	96813		1		
JUDICIAL PO	SITION HELD	DATE OF APPOINTM	MENT		OFFICE PHON	NE .		
Judge, Fire	t Circuit Court		02/15/2	2013		5394006		
CALENDAR Y	CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021							
ITEM (OMPENSATION					ANNUAL INCOME	
RSCH 15(d)(1							G	
ITEM 2 RSCH 15(d)(1		THER INCOME services rendered exceeds \$1,000)						
	EMPLO	YER/LAW FIRM		BUSINESS AI	DDRESS		ANNUAL INCOME	
ITEM 3 RSCH 15(d)(1		INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)						
EMPLOYER						ANNUAL INCOME		
Mid-Pacific Institute						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 RENDERED			AMOUNT		
Residential Rental		Apartment Renta			C		
	Check here if entry is None	Check here if you have attached additional sheets					
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL I VALUE OF \$5,000 OR MORE OR EQU				TE, HAVING A		
	NAME OF BUSINESS	NATU	NATURE OF BUSINESS NATU		ST ENTER AMOUNT OR NO. OF SHARES		
Voya Retirem	ent Insurance & Annuity Compa	ny 699 Walnut	Street, Suite 1350	Pension	D		
		Des Moines	s, IA 50309-3942				
Check here if entry is None Check here if you have attached additional sheets							
	THE ONLY IS NOTE	Check here if you i	iave attacrieu additioriai sii				
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTER	EST UNDER ITEM 5 TR	ANSFERRED DURING TH	HIS DISCLOSURE PERIOD			
NAME OF BUSINESS		DAT	E 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)							
	NAME OF BUSINESS		TITLE AND TERM OF OFFICE		COMPENSATION		
					(enter amount or NONE)		
v 0	Check here if entry is None	Check here if you l	l nave attached additional sh	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 OW	ED AMO	OUNT OWED AT END OF YEAR	
	Check here if entry is No			ave attached additional sheets	LIE OF #40 000 O	2 MODE	
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS F	HELD AN INTE	REST WITH A FAIR MARKET VAL	UE OF \$10,000 O	R MORE.	
96817		POSTAL ZIP CODE OF LC	CATION			VALUE J	
96813						ı	
	Check here if entry is No	one Che	ck here if you h	ave attached additional sheets			
ITEM 10	REAL PROPERTY, T	HE FAIR MARKET VALUE (OF WHICH EXC	EEDS \$10,000. ACQUIRED DUR	ING THE DISCLOS	SURE PERIOD.	
RSCH 15(d)(5)	ODE OF LOCATION	NATURE OF INTEREST	NAM	E AND ADDRESS OF PERSON R	ECEIVING	CONSIDERATION GIVEN	
POSTALZIPC	ODE OF LOCATION	NATURE OF INTEREST		SIDERATION	LCLIVING	CONSIDERATION GIVEN	
Check here if entry is None							
ITEM 11 RSCH 15(d)(5) 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 (OF PERSON FL	JRNISHING CONSIDERATION		CONSIDERATION RECEIVED	
	Check here if entry is No	one Che	ck here if vou h	ave attached additional sheets		1	

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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			
/ (Check here if entry is None	Check here if you have attached addit	ional sheets				
ITEM 13 RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct	GIFT(S) THAT MUST BE REPORTED	O UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.					
	SOURCE	DESCRIPTION	ESTIMATED VALUE				
	Check here if entry is None	Check here if you have attached addit	ional sheets				
ITEM 14 RSCH 15(d)(8) & 22(h)							
I attended15.5 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:	02/09/2022			
NOTE: This filing is not valid without a signature.							

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