

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

FINANCIAL DISCLOSURE STATEMENT

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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
- E At least \$50,000 but less than \$100,000
- F At least \$100,000 but less than \$150,000
- 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:	Silver	mar	n Sara	Lee	NAM	NAME OF SPOUSE OR DOMESTIC PARTNER:	
NAIVIE.		LAST)	ST) (FIRST) (MIDDLE)				
OFFICE	E ADDRES	ç.	4480 Ahukini Road, Suite 202		No. o	of Dependent Children:	
OFFICE	ADDINES	J	NUMBER, STREET		(Do not include names)		
CITY OF	R TOWN:	Lih	nue zip	96766 CODE:			
JUDICIA	L POSITION	ON HE	DATE OF APPOINTMEN	Т	OFFICE PHONE		
Per Die	em Jud	ge	02	/04/2019	8	808-245-6988	
CALENI	DAR YEAR	COV	ERED BY THIS DISCLOSURE: 2021				
ITEM	1	JUI	DICIAL COMPENSATION			ANNUAL INCOME	
RSCH 1	5(d)(1)					В	
ITEM RSCH 1	2 5(d)(1)		DGE'S OTHER INCOME ncome for services rendered exceeds \$1,000)				
			EMPLOYER/LAW FIRM	BUSINESS A		ANNUAL INCOME	
Sara L	. Silver	mar	n, Attorney at Law	4480 Ahukini Road, Ste.	202, Lihue 96	3766 G	
ITEM RSCH 1	3 5(d)(1)		COME OF SPOUSE OR DOMESTIC PARTNER AND ncome for services rendered exceeds \$1,000)	DEPENDENT CHILDREN			
_			EMPLOYER			ANNUAL INCOME	
N/A							

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 H RE							
	SOURCE	NATURE OF SERVICES RENDERED			AMOUNT			
None								
	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					(IE, HA)	/ING A	
	NAME OF BUSINESS		NATU	RE OF BUSINESS	NATURE OF INTERE	ST	ENTER AMOUNT OR NO. OF SHARES	
None								
	✓ 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 UND	DER ITEM 5 TRA	INSFERRED DURING TH	IS DISCLOSURE PERIOD			
None	NAME OF BUSINESS		DATE OF TRANSFER		VALUE OF TRANSFER			
None								
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)		
None						(Critici	amount of 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	S OF CREDITOR		ORIGINAL AMOUNT OWED	AMO	OUNT OWED AT END OF YEAR		
Bank of Haw	aii			Н		E		
Kauai Federa	al Credit Union			E		E		
	Check here if entry is No	one Chec	ck here if you h	ave attached additional sheets	'			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	I THE STATE IN WHICH IS F	HELD AN INTE	REST WITH A FAIR MARKET VALUE OF	\$10,000 OF	R MORE.		
		POSTAL ZIP CODE OF LO	CATION			VALUE		
96765						I		
	Check here if entry is No	one Chec	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	CEEDS \$10,000. ACQUIRED DURING TH	E DISCLOS	URE PERIOD.		
	ODE OF LOCATION	NATURE OF INTEREST		IE AND ADDRESS OF PERSON RECEIVI	NG	CONSIDERATION GIVEN		
None								
Check here if entry is None Check here if you have attached additional sheets								
ITEM 11 RSCH 15(d)(5)								
POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION						CONSIDERATION RECEIVED		
None								
	Check here if entry is No	Chor	ck horo if you b	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					
None									
	Check here if entry is None	Check here if you have attached addit	tional sheets	I					
ITEM 13									
RSCH 15(d)(7); Rule 3. 13 Revised Code	GIFT(S) THAT MUST BE REPORTED	UNDER RULE 3. 13(c) OF THE HAWAI'I RE	EVISED CODE OF JUDICIAL CONDUCT.						
of Judicial Conduct									
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE					
None									
	Check here if entry is None	Check here if you have attached addit	tional sheets						
ITEM 14 RSCH 15(d)(8) & 22(h)	FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION								
I attended	2 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/ Sara L. Silverman		DATE:	04/18/2022					
NOTE: This filing is not valid without a signature.									

JUD 101 (01/2020) Page 4