With the following financial range codes SHOULD be used. THIS SPACE   A - Less than \$1,000 G - At least \$150,000 but less than \$250,000					E FOR OFFICE USE ONLY Control of the sector
	D BY ALL FULL TIME AND PER DIEM	(Туре	only)	1	
Uale		Bode	A	NAME OF SPC	OUSE OR DOMESTIC PARTNER:
NAME:(	LAST)	(FIRST)	(MIDDLE)	Beth P. Ua	ale
OFFICE ADDRES	4675 Kapolei Pkwy			No. of Depende	ent Children:
of fibe / BBREC	NUME	BER, STREET	96707	(Do not include	
CITY OR TOWN:	Kapolei	ZIP CODE	96707		
JUDICIAL POSITIO	DN HELD	DATE OF APPOINTMENT		OFFICE PHONE	
Per Diem District Family Judge August 24, 2021 808954					48088
CALENDAR YEAR	COVERED BY THIS DISCLOSURE:	2021			
ITEM 1		—			ANNUAL INCOME
RSCH 15(d)(1)	JUDICIAL COMPENSATION				F
ITEM 2	JUDGE'S OTHER INCOME				
RSCH 15(d)(1)	(if income for services rendered EMPLOYER/LAW FIRM	exceeds \$1,000)	BUSINESS A	DDRESS	ANNUAL INCOME
Marriage Offic	ciant				В
ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DOM (if income for services rendered		ENDENT CHILDREN		
DOE		EMPLOYER			ANNUAL INCOME E
Music Studio					С
HPU (Adjunct Professor)					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		Ν	ATURE OF SERVICES RI	ENDERED		AMOUNT
	Check here if entry is None	Ch	eck here if you h	ave attached additional sh	eets		
ITEM 5 RSCH 15(d)(2)						/ING A	
NAME OF BUSINESS Beth Uale's Music Studio		NATURE OF BUSINESS				ENTER AMOUNT OR NO. OF SHARES	
0	Check here if entry is None	Ch	eck here if you h	ave attached additional sh	eets		
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTERI	EST UNI	DER ITEM 5 TRA	ANSFERRED DURING TH	IIS DISCLOSURE PERIOD		
	NAME OF BUSINESS		DATI	E OF TRANSFER	VALUE	OF TRA	NSFER
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				RM OF OFFICE		PENSATION amount or NONE)
Check here if entry is None Check here if you have attached additional sheets							

ITEM 8 RSCH 15(d)(4)		S, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE REDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.							
	NAME AND ADDRES	S OF CREDITOR		ORIGINAL AMOUNT OWED	AMOUNT OWED AT END O	F YEAR			
Bank of America			С	С					
	Check here if entry is No			ave attached additional sheets					
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	I THE STATE IN WHICH IS F	IELD AN INTER	REST WITH A FAIR MARKET VALUE OF \$	10,000 OR MORE.				
		POSTAL ZIP CODE OF LO	CATION		VALUE				
96825					К				
96762					К				
(	Check here if entry is No		ck here if you ha	ave attached additional sheets					
ITEM 10 RSCH 15(d)(5)									
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON RECEIVING	G CONSIDERATION	GIVEN			
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						ECEIVED			
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 addit	ional 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	DESCRIPTIO	N 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	4 hours of Approved Judicial I	Education during the reporting period.					
REMARKS:							
	See attached sheets.						
CERTIFICATIO	N: I hereby certiffy that the above is a tru	e, correct, and complete statement.					
SIGNATURE: /	04/18/2022						
NOTE: This f	iling is not valid without a signature.						
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