

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

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

## FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed Supreme Court** SCFD-11-0000248 25-APR-2023 01:00 PM Dkt. 25 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

- F At least \$100,000 but less than \$150,000
- 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

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

				(Туре	only)				
NAME: Mural		cami	Paul	Paul			NAME OF SPOUSE OR DOMESTIC PARTNER:		
		AST)	(FIRST)		(MIDDLE)		Gwen		
055105.45		4675 Kapolei Parkway					No. of Dependent Children:		
OFFICE ADDRESS		S:NUMBER, STREET			-		(Do not include names)		
CITY OR TOWN: Kapolei		Kapolei	ZIP CO		96707	_	0		
JUDICIAL P	POSITIO	N HELD	DATE OF APPOI	NTMENT		OFFICE PH	ONE		
Per Diem	า Judo	ge		12/15/2021			8089548016		
CALENDAR	R YEAR	COVERED BY THIS DIS	sclosure: 20 <u>22</u>						
ITEM	1	JUDICIAL COMPEN	ICATION					ANNUAL INCOME	
RSCH 15(d)	)(1)	JUDICIAL COMPEN	ISATION					E	
ITEM RSCH 15(d)	2)(1)	JUDGE'S OTHER I	NCOME es rendered exceeds \$1,000)				'		
		EMPLOYER/L			BUSINESS	ADDRESS		ANNUAL INCOME	
Wedding	Offic	ciant (Self emplo	yed)	F	PO Box 30324			В	
ITEM RSCH 15(d)	3 )(1)		SE OR DOMESTIC PARTNE es rendered exceeds \$1,000)	R AND DEPE	NDENT CHILDREN				
EMPLOYER						ANNUAL INCOME			
Department of Education, State of Hawaii							D		

RG-AC-508 (06/2023) WF

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		TE HAVING A			
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU				TIE, HAVING A			
	NAME OF BUSINESS	NATU	JRE OF BUSINESS	NATURE OF INTERE	ST ENTER AMOUNT OR NO. OF SHARES			
	✓ Check here if entry is None							
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTER	REST UNDER ITEM 5 TR	ANSFERRED DURING TH	IS DISCLOSURE PERIOD				
	NAME OF BUSINESS	DAT	E OF TRANSFER	VALUE	OF TRANSFER			
✓ Check here if entry is None								
ITEM 7 RSCH 15(d)(3)								
	NAME OF BUSINESS			RM OF OFFICE	COMPENSATION (enter amount or NONE)			
✓ Check here if entry is None			have attached additional sh	eets				

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ITEM 8 RSCH 15(d)(4)		OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE DIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.					
	NAME AND ADDRES	SS OF CREDITOR		ORIGINAL AMOUNT OWED	AMC	DUNT OWED AT END OF YEAR	
Hawaii Sttae Federal Credit Union, PO Box 3072, Honolulu 968						Н	
	Check here if entry is No	one Chec	ck here if you ha	ave attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS H	IELD AN INTER	REST WITH A FAIR MARKET VALUE O	= \$10,000 OF	R MORE.	
		POSTAL ZIP CODE OF LO	CATION			VALUE	
96819						K	
	Check here if entry is No	one Chec	ck here if you ha	ave attached additional sheets	1		
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE O	F WHICH EXC	EEDS \$10,000. ACQUIRED DURING TI	HE DISCLOS	URE PERIOD.	
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON RECEIV	/ING	CONSIDERATION GIVEN	
			CON	SIDERATION			
✓ 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 No	one Chec	k here if you h	ave attached additional sheets		I.	

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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	VALUE					
	Check here if entry is None	Check here if you have attached addit	tional sheets					
ITEM 13								
RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct	GIFT(S) THAT MUST BE REPORTED	ED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE				
	Check here if entry is None	Check here if you have attached addit	tional sheets					
ITEM 14 RSCH 15(d)(8) & 22(h)								
I attended8 hours of Approved Judicial Education during the reporting period.								
REMARKS:								
See attached sheets.								
CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.								
SIGNATURE: /	s/ Paul T. Murakami		DATE:	04/17/2023				
NOTE: This filling is not valid without a signature.								

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