A - Less th B - At leas C - At leas D - At leas E - At leas F - At leas		5. REMINDER: For all items re s SHOULD be used. G - At least \$150,000 but le H - At least \$250,000 but les J - At least \$500,000 but les J - At least \$750,000 but les K -\$1,000,000 or more	T 2912 closure Statement, equiring a monetary ess than \$250,000 ss than \$500,000 ss than \$750,000 ss than \$1,000,000	THIS SPACE	FINANCIAL DISCLOSURE STATEMEN THIS SPACE FOR OFFICE USE ONLY Electronically Filed Supreme Court SCFD-12-0000200 22-APR-2024 10:28 AM Dkt. 25 FDS		
	Isone	Karen	Tooko NAME OF SPC		OUSE OR DOMESTIC PARTNER:		
NAME:((LAST)	(FIRST)	(MIDDLE)	Roman A	maguin, Jr.		
	Intermediate Court of	Appeals, 426 Queen St	. #201		-		
OFFICE ADDRES		IBER, STREET		No. of Depend (Do not includ			
CITY OR TOWN:	Honolulu	ZIP CODE:	96813	2			
on rown.		211 0002.					
JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE							
Associate Juc	dge	11/2/20)20	80853	394004		
CALENDAR YEAF	R COVERED BY THIS DISCLOSURE:	20 <u>23</u>					
ITEM 1					ANNUAL INCOME		
RSCH 15(d)(1)	JUDICIAL COMPENSATION				G		
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered	d exceeds \$1,000)			l		
	EMPLOYER/LAW FIRM		BUSINESS A	DDRESS	ANNUAL INCOME		
ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DO (if income for services rendered	d exceeds \$1,000)	ENDENT CHILDREN				
EMPLOYER Law Office of Roman Amaguin LLLC					ANNUAL INCOME D		
Tanaka of Tokyo, Maruei Restaurants Ltd.					В		

Page 1

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 R	ENDERED	AMOUNT	
	Check here if entry is None	Check here if you	have attached additional sh	neets		
ITEM 5 RSCH 15(d)(2)						
NAME OF BUSINESS		NATL Legal servi	IRE OF BUSINESS	NATURE OF INTERES	ST ENTER AMOUNT OR NO. OF SHARES 100%	
ITEM 6	Check here if entry is None OWNERSHIP OR BENEFICIAL INTER		have attached additional sh			
RSCH 15(d)(2)						
Check here if entry is None Check here if you have attached additional sheets						
ITEM 7 RSCH 15(d)(3)						
	NAME OF BUSINESS	Chaoli hara if	TITLE AND TE	ERM OF OFFICE	COMPENSATION (enter amount or NONE)	

ITEM 8 RSCH 15(d)(4)		, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE EDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.					
Hawaii State				ORIGINAL AMOUNT OWED	AMC	OUNT OWED AT END OF YEAR	
Hawaii State FCU, P.O. Box 3072, Hono, HI, 95802					11		
	Check here if entry is No	one Chee	ck here if you h	ave attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS F	IELD AN INTER	REST WITH A FAIR MARKET VALUE OF \$	510,000 OF	MORE.	
	POSTAL ZIP CODE OF LOCATION					VALUE	
96822						К	
	Check here if entry is No			ave attacked additional sharts			
ITEM 10	-		-	ave attached additional sheets	DISCLOS	URE PERIOD.	
RSCH 15(d)(5)	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON RECEIVIN		CONSIDERATION GIVEN	
TOOTALZITO				SIDERATION			
Check here if entry is None Check here if you have attached additional sheets							
ITEM 11 RSCH 15(d)(5)							
						CONSIDERATION RECEIVED	
	Check here if entry is No	Dine Chec	ck here if you h	ave attached additional sheets		<u> </u>	

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 HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
	SOURCE	DESCRIPTIO	DESCRIPTION OF GIFT				
	Check here if entry is None	Check here if you have attached addit	tional sheets				
ITEM 14 RSCH 15(d)(8) & 22(h)	ICH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
I attended <u>34</u> 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/ Karen T. Nakasone

DATE: 4/22/2024

NOTE: This filing is not valid without a signature.

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