

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

FINANCIAL DISCLOSURE

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Electronically Filed Supreme Court SCFD-17-0000371 08-APR-2025 10:23 AM **Dkt. 17 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
- 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:	Lauba	ach		Michelle			NAME OF SPOUSE OR DOMESTIC PARTNER:		
NAIVIE.	(1	LAST)	(FIRST)	(MIDDLE)		David Dou	glas Laubach	
OFFICE	ADDRES	S:	777 Kilauea Avenue				No. of Depende		
			NUMI	BER, STREET			(Do not include	names)	
CITY OF	R TOWN:	Hil	0	ZIP COD	96720 E:		3		
JUDICIAL POSITION HELD			ELD	DATE OF APPOINTMENT	OFFICE PHO	OFFICE PHONE			
District	Court	Jud	ge	08/11/2016			(808) 961-7400		
CALENE	OAR YEAR	CO	/ERED BY THIS DISCLOSURE:	20 <u>24</u>					
ITEM RSCH 1	1 5(d)(1)	JU	DICIAL COMPENSATION					ANNUAL INCOME G	
ITEM RSCH 1	2 5(d)(1)		DGE'S OTHER INCOME income for services rendered	exceeds \$1,000)			ı		
			EMPLOYER/LAW FIRM		BUSINESS A	DDRESS		ANNUAL INCOME	
ITEM RSCH 1	3 5(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)							
EMPLOYER								ANNUAL INCOME	
All the	Way Pl	um	bing					F	

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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		N	ATURE OF SERVICES R	ENDERED		AMOUNT
	Check here if entry is None	Ch	neck here if you h	ave attached additional sh	neets		
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL I VALUE OF \$5,000 OR MORE OR EQU					TE, HA	VING A
Pacific Funds	NAME OF BUSINESS Port OP Growth A		NATUI	RE OF BUSINESS ervices	NATURE OF INTERE	ST	ENTER AMOUNT OR NO. OF SHARES D
ITEM 6	Check here if entry is None OWNERSHIP OR BENEFICIAL INTER			ave attached additional sh			
RSCH 15(d)(2)	NAME OF BUSINESS			E OF TRANSFER	VALUE	OF TRA	ANSFER
	Check here if entry is None	Ch	neck here if you h	ave attached additional sl	neets		
ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTOR	RSHIP, T	RUSTEESHIP O	R OTHER FIDUCIARY RE	ELATIONSHIP HELD IN ANY	'BUSIN	ESS.
	NAME OF BUSINESS Check here if entry is None	Cr	neck here if vou h	TITLE AND TE	ERM OF OFFICE		PENSATION r amount or NONE)
	Pricov licie ii cuit à la Molie		ioon nere ii you i	ave allaorieu additiorial Si	10013		

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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			ORIGINAL AMOUNT OWED	AMC	OUNT OWED AT END OF YEAR		
Rocket Mortg	age LLC / 1050 W		D					
Nelnet, Inc. /	121 South 13 St.,	Lincoln, NE 68508		С		В		
	Check here if entry is None Check here if you have attached additional sheets							
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS H	ELD AN INTER	REST WITH A FAIR MARKET VALUE (OF \$10,000 OR	MORE.		
		POSTAL ZIP CODE OF LO	CATION			VALUE		
96720						K		
	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 O	F WHICH EXC	EEDS \$10,000. ACQUIRED DURING	THE DISCLOS	URE PERIOD.		
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON RECE SIDERATION	EIVING	CONSIDERATION GIVEN		
			0011					
✓ Check here if entry is None								
ITEM 11 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE O	F WHICH EXC	EEDS \$10,000, TRANSFERRED DUR	RING THE DISC	LOSURE PERIOD.		
POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION CONSIDERATION					CONSIDERATION RECEIVED			
	Check here if entry is No	one Chec	ck here if you h	ave attached additional sheets				

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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 addi	tional sheets					
ITEM 13	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	onestriors in you have all assisted and in						
RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct	GIFT(S) THAT MUST BE REPORTED	SIFT(S) THAT MUST BE REPORTED 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 addi	tional sheets					
ITEM 14 RSCH 15(d)(8) & 22(h)	M 14 CH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION							
I attended54.00_ 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	s/ Michelle Kanani Laubach		DATE:	04/08/2025				
NOTE: This filing is not valid without a signature.								

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