| 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. Si A - Less than \$1,000 G - At least \$150,000 but less than \$250,000 O | | | | | SCLOSURE FOR OFFICE USE ONLY ectronically Filed preme Court FD-25-0000385 APR-2025 :06 PM t. 1 FDS |
|--|---|------------------|---------------------------|-----------------|---|
| I O BE FILE | D BY ALL FULL TIME AND PER DIEM | | be only) | | |
| Scho | en | Renee | N.C. | NAME OF SPC | USE OR DOMESTIC PARTNER: |
| NAME:(I | LAST) | (FIRST) | (MIDDLE) | Thomas S | choen |
| OFFICE ADDRES | 101 Aupuni St., Suite 3 | 325 | | No. of Depende | |
| CITY OR TOWN: | | BER, STREET | 96720 | (Do not include | |
| JUDICIAL POSITIC | | | | | |
| per diem judge 08/01/2024 (808) 96 ⁻ | | | | | 61-8251 |
| CALENDAR YEAR | COVERED BY THIS DISCLOSURE: | 20 <u>24</u> | | | |
| ITEM 1 | JUDICIAL COMPENSATION | | | | ANNUAL INCOME |
| RSCH 15(d)(1) | | | | | В |
| ITEM 2 RSCH 15(d)(1) | JUDGE'S OTHER INCOME (if income for services rendered | exceeds \$1,000) | | | |
| | EMPLOYER/LAW FIRM | | BUSINESS AD | | ANNUAL INCOME |
| Self | | | PO Box 235 Pepeekeo, H | 11 9673=83 | D |
| ERS | | | State of Hawaii, 201 Merc | D | |
| | | | | | |
| ITEM 3 RSCH 15(d)(1) | INCOME OF SPOUSE OR DOM (if income for services rendered | | PENDENT CHILDREN | | |
| BECC Builder | s | EMPLOYER | | | ANNUAL INCOME C |
| | | | | | |

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 | | Ν | ATURE OF SERVICES R | ENDERED | | AMOUNT | |
| | 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 | | | | | TE, HAV | 'ING A | |
| BECC Hawaii | NAME OF BUSINESS | | NATUI Real Estate | RE OF BUSINESS | NATURE OF INTERE | ST | ENTER AMOUNT OR NO. OF SHARES G | |
| 0 | Check here if entry is None | Cr | neck here if you h | ave attached additional sh | eets | | | |
| ITEM 6 RSCH 15(d)(2) | OWNERSHIP OR BENEFICIAL INTER | EST UN | DER ITEM 5 TRA | ANSFERRED DURING TH | IS DISCLOSURE PERIOD | | | |
| | NAME OF BUSINESS | | DATE | E OF TRANSFER | VALUE | OF TRAI | 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 | | | TITLE AND TERM OF OFFICE | | COMPENSATION (enter amount or NONE) | | | |
| BECC Hawaii Hamakua Community Federal Credit Union | | | | Member Board Chair | ir | | None None | |
| Check here if entry is None Check here if you have attached additional sheets | | | | | | | | |

| ITEM 8 RSCH 15(d)(4) | | 5, 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. | | | | | | | |
|---|---|---|------------------|--------------------------------------|-----------------------|----------------------------|--|--|--|
| | NAME AND ADDRESS OF CREDITOR | | | ORIGINAL AMOUNT OWED | AMC | AMOUNT OWED AT END OF YEAR | | | |
| American Savings Bank | | | | G | | G | | | |
| Hawaii State | Federal Credit Ur | nion | | G | G | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 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 | N THE STATE IN WHICH IS H | IELD AN INTER | REST WITH A FAIR MARKET VALUE OF \$1 | 0,000 OR | MORE. | | | |
| | | POSTAL ZIP CODE OF LO | CATION | | VALUE | | | | |
| 96783 | | | | | | J | | | |
| 96813 | | | | | J | | | | |
| 96771 | | | | | н | | | | |
| 96785 | D | | | | | | | | |
| 96785 | | D | | | | | | | |
| 96778 | D | | | | | | | | |
| Check here if entry is None Check here if you have attached additional sheets | | | | | | | | | |
| ITEM 10 RSCH 15(d)(5) | REAL PROPERTY, T | THE FAIR MARKET VALUE C | OF WHICH EXC | EEDS \$10,000. ACQUIRED DURING THE | DISCLOS | URE PERIOD. | | | |
| POSTAL ZIP C | POSTAL ZIP CODE OF LOCATION NATURE OF INTEREST NAME AND ADDRESS OF PERSON RECEIVE | | | | G CONSIDERATION GIVEN | | | | |
| 96771 | | Member | Hawaii Co | ontractors LLC | E | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 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 | | | |
| 96771 | | Brandon Farr/Kayla Ware | | | | н | | | |
| 96771 | | Jacob Maldonado | | | | н | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Check here if entry is N | one Che | ck here if you h | ave 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 INTERE | | 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 | 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 <u>5.50</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.

 $\mathsf{SIGNATURE:} \ \mathsf{/s/} \ Renee \ N.C. \ Schoen$

DATE: 04/29/2025

NOTE: This filing is not valid without a signature.