



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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed
Supreme Court
SCFD-23-0000316
30-APR-2026
07:55 AM
Dkt. 11 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: Penn <small>(LAST)</small> | NAME: Maria <small>(FIRST)</small> | NAME: F <small>(MIDDLE)</small> | NAME OF SPOUSE OR DOMESTIC PARTNER: Jay D. Penn |
| OFFICE ADDRESS: 4675 Kapolei Parkway <small>NUMBER, STREET</small> | | | No. of Dependent Children: <small>(Do not include names)</small> 2 |
| CITY OR TOWN: Kapolei | ZIP CODE: 96707 | | |
| JUDICIAL POSITION HELD District Family Court Judge | DATE OF APPOINTMENT 08/14/2025 | OFFICE PHONE (808) 954-8447 | |

CALENDAR YEAR COVERED BY THIS DISCLOSURE: **2025**

| | | | |
|-----------------------|---|---|--|
| ITEM RSCH 15(d)(1) | 1 | JUDICIAL COMPENSATION | ANNUAL INCOME F |
| ITEM RSCH 15(d)(1) | 2 | JUDGE'S OTHER INCOME <small>(if income for services rendered exceeds \$1,000)</small> | |
| | | EMPLOYER/LAW FIRM Law Office of Maria F. Penn, AAL | BUSINESS ADDRESS 841 Bishop St., Ste. 2201, Hon., HI 96813 |
| | | | ANNUAL INCOME K |
| ITEM RSCH 15(d)(1) | 3 | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN <small>(if income for services rendered exceeds \$1,000)</small> | |
| | | EMPLOYER None | ANNUAL INCOME |

| | |
|-------------------------|---|
| 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 RENDERED | 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 INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS. |
|-------------------------|--|

| NAME OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | ENTER AMOUNT OR NO. OF SHARES |
|----------------------------------|--------------------|---------------------|-------------------------------|
| Law Office of Maria F. Penn, AAL | law office | sole proprietorship | 100% |

Check here if entry is None

Check here if you have attached additional sheets

| | |
|-------------------------|---|
| ITEM 6 RSCH 15(d)(2) | OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD |
|-------------------------|---|

| NAME OF BUSINESS | DATE OF TRANSFER | VALUE OF TRANSFER |
|------------------|------------------|-------------------|
| | | |

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) |
|------------------|--------------------------|--|
| | | |

Check here if entry is None

Check here if you have attached additional sheets

| ITEM 8 RSCH 15(d)(4) | LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE. | | |
|---|--|----------------------------|--|
| | ORIGINAL AMOUNT OWED | AMOUNT OWED AT END OF YEAR | |
| First Hawaiian Bank, 999 Bishop St., Hon., HI 96813 | I | I | |
| First Hawaiian Bank, 999 Bishop St., Hon., HI 9813 | I | I | |
| First Hawaiian Bank, 999 Bishop St., Hon., HI 96813 | E | E | |
| First Hawaiian Bank, 999 Bishop St., Hon., HI 96813 | G | G | |
| MBFS, P.O. Box 279319, Sacramento, CA | C | C | |
| American Savings Bank | G | G | |

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 HELD AN INTEREST WITH A FAIR MARKET VALUE OF \$10,000 OR MORE. | |
|-------------------------|---|-------|
| | POSTAL ZIP CODE OF LOCATION | VALUE |
| | 96706 | K |
| | 96706 | K |
| | 96814 | J |

Check here if entry is None

Check here if you have attached additional sheets

| ITEM 10 RSCH 15(d)(5) | REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. ACQUIRED DURING THE DISCLOSURE PERIOD. | | | |
|--------------------------|--|--|---------------------|--|
| | NATURE OF INTEREST | NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION | CONSIDERATION GIVEN | |
| | | | | |

Check here if entry is None

Check here if you have attached additional sheets

| ITEM 11 RSCH 15(d)(5) | REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD. | | |
|--------------------------|---|------------------------|--|
| | NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION | CONSIDERATION RECEIVED | |
| | | | |

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 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 HAWAII REVISIED CODE OF JUDICIAL CONDUCT.

| SOURCE | DESCRIPTION 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 20.00 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/ Maria F. Penn

DATE: 04/30/2026

NOTE: This filing is not valid without a signature.