

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

THIS SPACE FOR OFFICE USE ONLY

FINANCIAL DISCLOSURE STATEMENT

**Electronically Filed Supreme Court** SCFD-11-0000172 02-APR-2012 01:13 PM

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 may be used.

Reprographics (03/11) SC F-0000(44)

- 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 B                        | Y ALL FULL TIME AND PER D                      | IEM JUDGES.  |                        |                       |         |  |                            |
|--------------------------------------|--|--|------------------------|-----------------------|---------|--|----------------------------|
|                                      |  | (1   | Type or Print Clearly) |                       |         |  |                            |
|                                      |  | NUMBER, STREET                                     | C.                     | (MIDDLE)              | Brian A | POUSE OR DOMES Aburano  dent Children: te names) | TIC PARTNER:               |
| CITY OR TOWN:                        | Kailua   | ZIP C0   | 96734                  | <del>-</del>          | N/A     |  |                            |
| JUDICIAL POSIT Per Diem CALENDAR YEA |  | DATE OF APPOINTMENT 10/23/06 DISURE: 20_11         |                        | OFFICE P1<br>664-1046 | HONE    |  |                            |
| ITEM 1<br>RSCH 15(d)(1)              | JUDICIAL COMPENSAT                             | TON  |                        |                       |         | ANNUAL D   | INCOME                     |
| ITEM 2<br>RSCH 15(d)(1)              | JUDGE'S OTHER INCO                             |  |                        |                       |         |  |                            |
| Private pr                           | EMPLOYER/LAW F                                 | IRM  | BUSINE<br>Self         | SS ADDRESS            |         | ANNUAL<br>C                                      | INCOME                     |
| ITEM 3<br>RSCH 15(d)(1)              | INCOME OF SPOUSE Of (if income for services re | OR DOMESTIC PARTNER AI<br>Indered exceeds \$1,000) | ND DEPENDENT CHILDR    | EN                    |         |  |                            |
| Deputy A                             | ttorney General                                | EMPLOYER<br>, State of Hawaii                      |                        |                       |         | ANNUAL CLERK, A                                  | INCOME 2012 MAR            |
| JUD 101 (02/11) (ef                  | . 01/01/11)                                    |  |                        |                       |         | PPELLATE<br>TE OF HAWA                           | RV<br>O<br>Py<br>NY Page 1 |

| ITEM 4<br>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                      |   | NATUR                                       | E OF SERVICES REN                                 | DERED                              | AMOUNT                        |  |  |
|                             |   |   |   |                                    |                               |  |  |
|                             |   |   |   |                                    |                               |  |  |
|                             |   |   |   |                                    |                               |  |  |
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|                             |   |   |   |                                    |                               |  |  |
|                             | Check here if entry is None   | Check here if you it                        | nave attached addition                            | al sheets                          |                               |  |  |
| TTEM 5<br>RSCH 15(d)(2)     | EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU  | INTEREST, HELD IN AN<br>AL TO 10% OF THE OW | Y BUSINESS CARRY<br>NERSHIP OF THE BU             | ING ON BUSINESS IN THE<br>USINESS. | E STATE, HAVING A             |  |  |
|                             | NAME OF BUSINESS  | NATURE (                                    | OF BUSINESS                                       | NATURE OF INTERES                  |                               |  |  |
| See supp                    | orting document   |   |   |                                    | OR NO. OF SHARES              |  |  |
|                             | · ·   |   |   |                                    |                               |  |  |
|                             |   |   |   |                                    |                               |  |  |
|                             |   |   |   |                                    |                               |  |  |
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| Check here if entry is None |   | Check here if you h                         | Check here if you have attached additional sheets |                                    |                               |  |  |
| ITEM 6<br>RSCH 15(d)(2)     | OWNERSHIP OR BENEFICIAL INTERI  | EST UNDER ITEM 5 TRA                        | NNSFERRED DURING                                  | THIS DISCLOSURE PER                | IOD.                          |  |  |
|                             | NAME OF BUSINESS  | DATE OF                                     | TRANSFER  | VALUE O                            | F TRANSFER                    |  |  |
|                             |   |   |   |                                    |                               |  |  |
|                             |   |   |   |                                    |                               |  |  |
|                             |   |   |   |                                    |                               |  |  |
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| Check here if entry is None |   | Check here if you h                         | Check here if you have attached additional sheets |                                    |                               |  |  |
| TEM 7<br>RSCH 15(d)(3)      | LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.                    |   |   |                                    |                               |  |  |
|                             | NAME OF BUSINESS  |   | TITLE ANI   | D TERM OF OFFICE                   | COMPENSATION (enter amount or |  |  |
|                             |   |   |   |                                    | NONE)                         |  |  |
|                             |   |   |   |                                    |                               |  |  |
|                             |   |   |   |                                    |                               |  |  |
|                             |   |   |   |                                    |                               |  |  |
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| ☑ (                         | Check here if entry is None Check here if you have attached additional sheets   |   |   |                                    |                               |  |  |

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| ITEM 8<br>RSCH 15(d)(4)   |                             |                            |   |            |                         |  |
|---|-----------------------------|----------------------------|---|------------|-------------------------|--|
|   | NAME AND ADDRES             | SS OF CREDITOR             | ORIGINAL AMOUNT OWED                        | AMOI       | UNT OWED AT END OF YEAR |  |
|   |                             |                            |   |            |                         |  |
|   | Check here if entry is N    | one Check                  | here if you have attached additional sheets |            |                         |  |
| ITEM 9<br>RSCH 15(d)(5)   | REAL PROPERTY IN            | I THE STATE IN WHICH IS HE | ELD AN INTEREST WITH A FAIR MARKET VALU     | E OF \$1   | 0,000 OR MORE.          |  |
| 96822   | POSTAL ZIP CODE OF LOCATION |                            |   | VALUE<br>H |                         |  |
|   | Check here if entry is N    | one Chark                  | here if you have attached additional sheets |            |                         |  |
| ITEM 10   |                             | <del></del>                | WHICH EXCEEDS \$10,000, ACQUIRED DURIN      | G THE D    | DISCLOSURE PERIOD.      |  |
| POSTAL ZIP C  | ODE OF LOCATION             |                            | NAME AND ADDRESS OF PERSON RECEIVING        | G          | CONSIDERATION GIVEN     |  |
| Check here if entry is None Check here if you have attached additional sheets |                             |                            |   |            |                         |  |
| ITEM 11<br>RSCH 15(d)(5)  | REAL PROPERTY, T            | HE FAIR MARKET VALUE OF    | WHICH EXCEEDS \$10,000, TRANSFERRED DI      | URING T    | HE DISCLOSURE PERIOD.   |  |
| POSTAL ZIP CO   | ODE OF LOCATION             | NAME AND ADDRESS OF P      | ERSON FURNISHING CONSIDERATION              |            | CONSIDERATION RECEIVED  |  |
| ☑ ch  | neck here if entry is Nor   | ne Check                   | here if you have attached additional sheets |            |                         |  |

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| ITEM 12<br>RSCH 15(d)(6)  | CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.                            |                               |                      |                 |  |  |  |
|---|---|-------------------------------|----------------------|-----------------|--|--|--|
| N   | NAME OF BUSINESS NATURE OF INTEREST VALUE   |                               |                      |                 |  |  |  |
|   |   |                               |                      |                 |  |  |  |
|   |   |                               |                      |                 |  |  |  |
|   |   |                               |                      |                 |  |  |  |
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|   | Check here if entry is None Check here if you have attached additional sheets                         |                               |                      |                 |  |  |  |
| ITEM 13<br>RSCH 15(d)(7);<br>Rule 3.13<br>Revised Code<br>of Judicial<br>Conduct  | 7); GIFT(S) THAT MUST BE REPORTED UNDER RULE 3.13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT. |                               |                      |                 |  |  |  |
|   | SOURCE  | DESCRIPTION                   | ON OF GIFT           | ESTIMATED VALUE |  |  |  |
|   |   |                               |                      |                 |  |  |  |
|   |   |                               |                      |                 |  |  |  |
|   |   |                               |                      |                 |  |  |  |
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|   | heck here if entry is None  | Check here if you have attach | ed additional sheets |                 |  |  |  |
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h)   | RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION   |                               |                      |                 |  |  |  |
| I attended hours of Approved Judicial Education during the reporting period.  |   |                               |                      |                 |  |  |  |
| REMARKS:  |   |                               |                      |                 |  |  |  |
|   |   |                               |                      |                 |  |  |  |
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|   |   |                               |                      |                 |  |  |  |
|   |   |                               |                      |                 |  |  |  |
| See attached sheets.  |   |                               |                      |                 |  |  |  |
|   |   |                               |                      |                 |  |  |  |
| CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.  SIGNATURE: Patricia C. Aburano  DATE: 3/20/12 |   |                               |                      |                 |  |  |  |
| SIGNATURE: PATRICIA C. ADURANO  DATE: 3/20/12   |   |                               |                      |                 |  |  |  |
| NOTE: This filing is not valid without a signature.   |   |                               |                      |                 |  |  |  |
| THO ILL. TING III   | mig io not rand milliout a signatule.   |                               |                      |                 |  |  |  |

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# ATTACHMENT TO STATEMENT OF FINANCIAL INTEREST MARCH 2012

#### **ITEM 5: OWNERSHIP OR BENEFICIAL INTEREST**

#### **Rental Property (Joint):**

1717 Mott-Smith Drive #3005, Honolulu, Hawaii 96822

Annual Gross Income: C

## Morgan Stanley Active Assets Account (Joint):

Dominion Resources, Inc.

UH municipal bond

UH municipal bond

Value: E

Value: E

Value: C

## Morgan Stanley IRA Accounts (Filer Only):

Traditional IRA Value: E
Rollover IRA Value: G
Roth IRA Value: E
SEP IRA Value: C

#### Funds or stock held in Morgan Stanley Accounts (Filer Only):

Morgan Stanley money market Value: F Vanguard Growth ETF Value: D Vanguard High Dividend ETF Value: C Vanguard Int'l Equity ETF Value: C Vanguard Mid-Cap Value ETF Value: C Value: C Vanguard Mid-Cap Growth ETF Vanguard REIT ETF Value: C Vanguard Value ETF Value: C PIMCO Total Return Fund Value: C Amer. U.S. Govt. Sec. B Fund Value: C **Blackrock Equity Dividend** Value: C

## Morgan Stanley IRA Accounts (Spouse Only):

Traditional IRA Value: D
Rollover IRA Value: G
Roth IRA Value: E

## Funds or stock held in Morgan Stanley Accounts (Spouse Only):

Morgan Stanley money market Value: E Vanguard Growth ETF Value: C Vanguard High Dividend ETF Value: C Vanguard Int'l Equity ETF Value: C Vanguard Mid-Cap Value ETF Value: C Vanguard Mid-Cap Growth ETF Value: C Vanguard REIT ETF Value: C Vanguard Value ETF Value: C PIMCO Total Return Fund Value: C Amer. U.S. Govt. Sec. B Fund Value: C **Blackrock Equity Dividend** Value: C

#### Charles Schwab Brokerage (Joint):

Charles Schwab money market Value: C
Cisco Systems, Inc. Value: C
Hewlett-Packard Co. Value: B
Intel Corp. Value: C
Kon Phillips Elec. NV Value: B
Microsoft Corp. Value: D

## Charles Schwab IRA Account (Spouse Only):

Charles Schwab money market
Janus Global Select
Value: C
Value: B
Vanguard 500 Index Fund
Value: C

## State of Hawaii Deferred Compensation Plan (Spouse Only):

Stable Value Fund Value: D
Pimco Total Return Fund Value: C
Vanguard Wellington Value: D
BlackRock US Large Cap Value: C
Mainstay Large Cap Value: B
EuroPacific Growth Value: B

## State of Hawaii Judiciary Retirement (Filer Only):

Value: C

## **ITEM 9: REAL PROPERTY**

96734 Value: J 86822 Value: H