

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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

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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.

- 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
- F At least \$100,000 but less than \$150,000
- E At least \$50,000 but less than \$100,000
- 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 or Print Clearly)						
NAME: Frei	tas AST)	Harry (FIRST)	p (MIDDLE)		DUSE OR DOMESTIC PARTNER:	
OFFICE ADDRESS: 777 Kilauea Ave NUMBER, STREET		DE: 96720	No. of Dependent Children: (Do not include names)			
CITY OR TOWN: TINO		DE: 30120	1			
JUDICIAL POSITION HELD District Court Judge 6-1-07		office PHONE (808)961-7470				
CALENDAR YEAR	COVERED BY THIS DISCLOSU	re: 20 <u>1</u> 1				
ITEM 1 RSCH 15(d)(1)	JUDICIAL COMPENSATION	N			ANNUAL INCOME	
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rende					
None	EMPLOYER/LAW FIR	M	BUSINESS ADDRESS		ANNUAL INCOME	
ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)					
State of Hawaii Department of Attorney General					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 REN	DERED	AMOUNT
	Check here if entry is None	Check here if you ha	ave attached additiona	al sheets	
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL II VALUE OF \$5,000 OR MORE OR EQUA				STATE, HAVING A
Freitas C	NAME OF BUSINESS Ompany	Ranching	F BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES
	Check here if entry is None	Check here if you ha	ave attached additiona	al 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					
ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.				
	NAME OF BUSINESS Check here if entry is None	☐ Check here if you ha	TITLE ANI	D TERM OF OFFICE	COMPENSATION (enter amount or NONE)

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ITEM 8 RSCH 15(d)(4)			UNTS, TO WHOM MORE THAN \$3,000 WA \$10,000 FOR SIX MONTHS OR MORE.	AS OWED DURING THE DISCLOSURE	
	NAME AND ADDRES	SS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR	
Indy Mac,	P.O. Box 788	326, Phoenix AZ	Н	G	
85062					
Land Rover P.O. Box55000 Detroit MI			D	В	
48255	ii 476 Hinano	Hilo HI 96720	F	E	
		Hilo HI 96720	C	C	
	Kinoole St HII		C	Č	
Chase P.O Box 24696 Columbus OH 43224			G	G	
	Check here if entry is No	one Check here	if you have attached additional sheets	<u> </u>	
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS HELD A	N INTEREST WITH A FAIR MARKET VALU	E OF \$10,000 OR MORE.	
		POSTAL ZIP CODE OF LOCATIO	N	VALUE	
96771				1	
96720				G	
	Check here if entry is No	one	if you have attached additional sheets		
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE OF WHI	CH EXCEEDS \$10,000, ACQUIRED DURIN	G THE DISCLOSURE PERIOD.	
D00T41 7ID 0					
POSTAL ZIP C	ODE OF LOCATION		E AND ADDRESS OF PERSON RECEIVING	G CONSIDERATION GIVEN	
POSTAL ZIP C	ODE OF LOCATION		E AND ADDRESS OF PERSON RECEIVIN SIDERATION	G CONSIDERATION GIVEN	
POSTAL ZIP C	ODE OF LOCATION			G CONSIDERATION GIVEN	
POSTAL ZIP C	ODE OF LOCATION			G CONSIDERATION GIVEN	
POSTAL ZIP C	ODE OF LOCATION			G CONSIDERATION GIVEN	
POSTAL ZIP C	ODE OF LOCATION			G CONSIDERATION GIVEN	
POSTAL ZIP C	ODE OF LOCATION			G CONSIDERATION GIVEN	
		CON	SIDERATION	G CONSIDERATION GIVEN	
☑ c:	neck here if entry is Nor	con	SIDERATION if you have attached additional sheets		
	neck here if entry is Nor	con	SIDERATION		
ITEM 11 RSCH 15(d)(5)	neck here if entry is Nor	ne Check here	SIDERATION if you have attached additional sheets		
ITEM 11 RSCH 15(d)(5)	neck here if entry is Nor REAL PROPERTY, T	ne Check here	SIDERATION if you have attached additional sheets CH EXCEEDS \$10,000, TRANSFERRED D	URING THE DISCLOSURE PERIOD.	
ITEM 11 RSCH 15(d)(5)	neck here if entry is Nor REAL PROPERTY, T	ne Check here	SIDERATION if you have attached additional sheets CH EXCEEDS \$10,000, TRANSFERRED D	URING THE DISCLOSURE PERIOD.	
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ITEM 11 RSCH 15(d)(5)	neck here if entry is Nor REAL PROPERTY, T	ne Check here	SIDERATION if you have attached additional sheets CH EXCEEDS \$10,000, TRANSFERRED D	URING THE DISCLOSURE PERIOD.	
ITEM 11 RSCH 15(d)(5)	neck here if entry is Nor REAL PROPERTY, T	ne Check here	SIDERATION if you have attached additional sheets CH EXCEEDS \$10,000, TRANSFERRED D	URING THE DISCLOSURE PERIOD.	
ITEM 11 RSCH 15(d)(5) POSTAL ZIP C	neck here if entry is Nor REAL PROPERTY, T	ne Check here HE FAIR MARKET VALUE OF WHITE NAME AND ADDRESS OF PERSO	SIDERATION if you have attached additional sheets CH EXCEEDS \$10,000, TRANSFERRED D	URING THE DISCLOSURE PERIOD.	

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ITEM 12 RSCH 15(d)(6)	CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.					
N	IAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE		
	Check here if entry is None	☐ Check here if you have attach	ed additional sheets			
ITEM 13 RSCH 15(d)(7); Rule 3.13 Revised Code of Judicial Conduct	H 15(d)(7); 3.13 GIFT(S) THAT MUST BE REPORTED UNDER RULE 3.13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT. ed Code licial					
	SOURCE	DESCRIPTION OF GIFT		ESTIMATED VALUE		
	Check here if entry is None	Check here if you have attach	ed additional sheets			
ITEM 14 RSCH 15(d)(8) & 22(h)	FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION					
I attended 30.5 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: Harry P Freitas DATE: 4/9/12						
NOTE: This filing is not valid without a signature.						

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