

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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

Electronically Filed Supreme Court SCFD-11-0000209 20-APR-2012 11:11 AM

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
- E At least \$50,000 but less than \$100,000
- F At least \$100,000 but less than \$150,000
- H At least \$250,000 but less than \$500,000 l At least \$500,000 but less than \$750,000
 - J At least \$750,000 but less than \$1,000,000

G - At least \$150,000 but less than \$250,000

K -\$1,000,000 or more

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.

(Type or Print Clearly)						
_{NAME:} Gari	baldi	Colette	Yoda		NAME OF SPC	DUSE OR DOMESTIC PARTNER:
	AST)	(FIRST)		(MIDDLE)	John Lo	ouis Garibaldi
OFFICE ADDRESS: 777 Punchbowl Street P.O. Box 619					No. of Depende	
CITY OR TOWN:	Honolulu	ZIP CO	DE: 96809		0	
JUDICIAL POSITION	ON HELD	DATE OF APPOINTMENT		OFFICE PH	HONE	
Circuit Co	urt Judge	September 30), 2010	(808) 539	-4640	
CALENDAR YEAR	COVERED BY THIS DISCLOSU	re: 20 <u>1</u> 1				
ITEM 1	JUDICIAL COMPENSATION	N				ANNUAL INCOME
RSCH 15(d)(1)	ODDIOINE CONTENTO	•				Code F
ITEM 2 RSCH 15(d)(1) JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)						
EMPLOYER/LAW FIRM BUSINESS ADDRESS					ANNUAL INCOME	
Not applic	able					
ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR (if income for services render		ND DEPENDENT CHILD	PREN		
		EMPLOYER				ANNUAL INCOME
Royal Sta	te National Insura	ance Company,	Ltd. (Spouse))		Code E

DTRIC Insurance Company, Limited. (Spouse) Royal State National Insurance Company, Limited (Spouse) Check here if entry is None						
Code B Check here if entry is None	SOURCE	NATURE	OF SERVICES RENI	DERED	AMOUNT	
Company, Limited (Spouse) Check here if entry is None Check here if you have attached additional sheets ITEM 5 RSCH 15(d)(2) NAME OF BUSINESS NATURE OF INTEREST ENTER AMOU OR NO. OF SH 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.		Member, Board	ember, Board of Directors		Code C	
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. NATURE OF BUSINESS NATURE OF BUSINESS NATURE OF INTEREST ENTER AMOU OR NO. OF SHEED OF STANDS OF SHEED OF	-	Member, Board	lember, Board of Directors		Code B	
NAME OF BUSINESS NATURE OF BUSINESS NATURE OF BUSINESS NATURE OF BUSINESS NATURE OF INTEREST ENTER AMOU OR NO. OF SH 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.	☐ Check here if entry is None ☐ Check here if you have attached additional sheets					
See attachment Check here if entry is None Check here if you have attached additional sheets ITEM 6 RSCH 15(d)(2) OR NO. OF SHORD OR NO. O					HE STATE, HAVING A	
See attachment ☐ Check here if entry is None ☐ 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	NATURE OF	F BUSINESS	NATURE OF INTERE	EST ENTER AMOUNT OR NO. OF SHA	
ITEM 6 OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD.	See attachment					
RSCH 15(d)(2)	☐ Check here if entry is None					
NAME OF BUSINESS DATE OF TRANSFER VALUE OF TRANSFER		EST UNDER ITEM 5 TRA	NSFERRED DURING	THIS DISCLOSURE PE	ERIOD.	
	NAME OF BUSINESS DATE OF TRANSFER VALUE OF TRANSFER					
☐ Check here if entry is None ☐ Check here if you have attached additional sheets	Check here if entry is None	ave attached additiona	l 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 COMPENSATI	NAME OF BUSINESS		TITLE AND	TERM OF OFFICE	COMPENSATION (enter amount or NONE)	
☐ Check here if entry is None						

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ITEM 8 RSCH 15(d)(4)		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 ADDRES	SS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR		
See attacl	hment					
	Check here if entry is No	one 🗹 Chec	k here if you have attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS H	IELD AN INTEREST WITH A FAIR MARKET VALU	E OF \$10,000 OR MORE.		
		POSTAL ZIP CODE OF LO	CATION	VALUE		
96821 (Jo	int)			Code K		
Check here if entry is None Check here if you have attached additional sheets						
ITEM 10 RSCH 15(d)(5)	ITEM 10 REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, ACQUIRED DURING THE DISCLOSURE PERIOD.					
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION	G 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.						
POSTAL ZIP C	ODE OF LOCATION	NAME AND ADDRESS OF	PERSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVED		
☑ CI	neck here if entry is Nor	ne 🗌 Chec	k here if you have 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.						
N	AME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE			
∠ c	heck 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	ITEM 13 RSCH 15(d)(7); Rule 3.13 Revised Code of Judicial GIFT(S) THAT MUST BE REPORTED UNDER RULE 3.13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
	SOURCE	DESCRIPTI	ON OF GIFT	ESTIMATED VALUE			
☑ Check here if entry is None ☐ Check here if you have attached additional sheets							
	neck nere if entry is None	☐ Check here if you have attach	ed additional sneets	_			
ITEM 14 RSCH 15(d)(8) & 22(h) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION							
I attended 21.5 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: /s/ Colette Y. Garibaldi DATE: April 17, 2012							
NOTE: This f	iling is not valid without a signature.						

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ATTACHMENT TO FINANCIAL DISCLOSURE STATEMENT FOR COLETTE YODA GARIBALDI YEAR ENDED DECEMBER 31, 2011 ITEM 5

EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRY Blecomonically Filed BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO SUPPORT BUSINESS.

SCFD-11-0000209

NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	2004 ERAMOUNT OR NO. OF SHARES
Held by Judge Wellington Research Value Fund	Mutual Fund	Common Stock	CODE F
BlackRock US Large Cap Index	Mutual Fund	Common Stock	CODE F
Liberty All-Star	Closed End Fund	Common Stock	CODE D
Invesco Global Health Care Fund Class A	Mutual Fund	Common Stock	CODE B
Held Jointly Gabelli Equity Trust	Closed End Fund	Common Stock	CODE E
Invesco Developing Markets Class A	Mutual Fund	Common Stock	CODE C
Held by Spouse Microsoft	Information Technology	Common Stock	CODE E
Liberty All-Star	Closed End Fund	Common Stock	CODE D
General Electric	Consumer products / diversified	Common Stock	CODE C
Citigroup	Financial Services	Common Stock	CODE C
Travelers Companies Inc.	Insurance	Common Stock	CODE C
Columbia Small Cap Value Fund	Mutual Fund	Common Stock	CODE C
Columbia Newport Greater China	Mutual Fund	Common Stock	CODE B
John Hancock Small Cap Equity	Mutual Fund	Common Stock	CODE B
Invesco Global Health Care Fund Class A	Mutual Fund	Common Stock	CODE B
Gabelli Equity Trust	Closed End Fund	Common Stock	CODE B
Columbia International Stock Fund	Mutual Fund	Common Stock	CODE B

ATTACHMENT TO FINANCIAL DISCLOSURE STATEMENT FOR COLETTE YODA GARIBALDI YEAR ENDED DECEMBER 31, 2011 ITEM 7

LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIAR CHARGO Supreme Court

		Supreme Sourt
NAME OF BUSINESS	TITLE AND TERM OF OFFICE	COMPERSATION (2000020) amour APRE 2012
HELD BY SPOUSE Kukui Children's Foundation	Director and Treasurer (annual)	None 11:11 AM
DTRIC Insurance Company, Limited	Director (annual)	Code C
DTRIC Insurance Underwriters, Limited	Director (annual)	None
Royal State National Insurance Company, Limited	Director, President and CEO (annual)	Code E
Mutual Benefit Trust	Trustee, President and CEO (annual)	None
Royal State Corporation	Director, President and CEO (annual)	None
Consumer Group Insurance Services, Inc.	Chairman, President and CEO (annual)	None
Royal State Investment Corporation	Chairman, President and CEO (annual)	None
Royal State Mutual Corporation	Chairman, President and CEO (annual)	None
Mutual Benefit Association of Hawaii	Director, Executive Vice President and COO (annual)	None
Mutual Benefit Employees Corporation	Director, President and CEO (annual)	None
The Royal Insurance Agency, Inc.	Chairman and President (annual)	None
Royal State Benefits Corporation	Chairman and President (annual)	None
Kokua Insurance Agency, Inc.	Chairman and President (annual)	None
Management Applied Programming, Inc.	Chairman (annual)	None
Voluntary Employees' Benefit Association of Hawaii	Trustee, President and CEO (annual)	None

ATTACHMENT TO FINANCIAL DISCLOSURE STATEMENT FOR COLETTE YODA GARIBALDI YEAR ENDED DECEMBER 31, 2011

ITEM 8

Electronically Filed

LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE TEAM FRAME OF STATE OWED DURING THE DISCLOSURE PERIOD. LIST CREDIT CARD DEBT THAT EXCEPTED \$10000209 FOR SIX MONTHS OR MORE.

20-APR-2012

NAME AND ADDRESS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT: ON PLANT END OF YEAR
Bank of Hawaii (Joint) 111 S. King St. Honolulu, HI 96813	Code J	Code J
Sallie Mae, Inc. (Joint) P.O. Box 9500 Wilkes Barre, PA 18773-9500	Code D	Code D
Citi Cards (Joint) P.O. Box 6500 Sioux Falls, SD 57117-6500	Code D	Code C