

## SUPREME COURT CLERK'S OFFICE 417 SOUTH KING STREET

HONOLULU, HAWAI'I 96813-2912

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

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

FINANCIAL DISCLOSURE STATEMENT

No. of Dependent Children: (Do not include names)

THIS SPACE FOR PERCEPTION FILED **Supreme Court** SCFD-11-0000218 02-APR-2012

01:29 PM

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

			(Type or Print Clearly)		
	Iha Sherri-A		1		NAME OF SPOUSE OR DOMESTIC PARTNER:
NAME:	(LAST)	(FIRST)	<del>_</del>	(MIDDLE)	— Brian Iha
OFFICE	ADDRESS:	4675 Kapolei Parkway	No. of Dependent Children		

 $_{\mbox{\scriptsize CITY OR TOWN:}\_}$  Kapolei ZIP CODE: <u>967</u>07

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JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE Family Court Judge 8/26/2010 954-8240

NUMBER, STREET

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 11

ITEM 1 RSCH 15(d)(1)	JUDICIAL COMPENSATION	ANNUAL INCOME
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 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN ITEM RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) MAL INCOME **EMPLOYER** 

Ameriprise

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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		Co	NATURE OF SERVICES RENDERED  Commission		AMOUNT B		
	Check here if entry is None		Check here if you h	ave attached addition	al sheets		
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL		TEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A L TO 10% OF THE OWNERSHIP OF THE BUSINESS.				
NAME OF BUSINESS  Ameriprise Financial Ameriprise Financial McDonalds  Pepsi Co.			Investment Co. Investment Co. Food Service Food Industry		Mutual Funds Children's Ed Fund UTMA		ENTER AMOUNT OR NO. OF SHARES D D D D
	Check here if entry is None		Check here if you have attached additional sheets				
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTER	EST	UNDER ITEM 5 TRA	NSFERRED DURING	THIS DISCLOSURE PE	RIOD.	
	NAME OF BUSINESS		DATE OF	TRANSFER	VALUE (	OF TRA	ANSFER
☑ Check here if entry is None ☐ Check here if you have attached additional sheets				al sheets		_	
ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.				Y BUSINESS.		
	NAME OF BUSINESS  Check here if entry is None		Check here if you h		D TERM OF OFFICE		COMPENSATION (enter amount or NONE)
INCL (	oneck nere it entry is None		Check nere if you ha	ave attached addition	ai sneets		

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ITEM 8 RSCH 15(d)(4)						
	NAME AND ADDRES	SS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR		
_						
Z	Check here if entry is N	one Chec	ck here if you have attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS F	HELD AN INTEREST WITH A FAIR MARKET VALU	UE OF \$10,000 OR MORE.		
		POSTAL ZIP CODE OF LO	VALUE			
96822				H		
	Check here if entry is N	one Chec	ck here if you have attached additional sheets			
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE C	DF WHICH EXCEEDS \$10,000, ACQUIRED DURIN	NG THE DISCLOSURE PERIOD.		
POSTAL ZIP C	CODE OF LOCATION	NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVIN CONSIDERATION	G CONSIDERATION GIVEN		
	heck here if entry is No	ne 🗆 Chec	k here if you have attached additional sheets			
ITEM 11 RSCH 15(d)(5)			F WHICH EXCEEDS \$10,000, TRANSFERRED D	DURING THE DISCLOSURE PERIOD.		
	ODE OF LOCATION	NAME AND ADDRESS OF	PERSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVE		
<b>Z</b> c	heck here if entry is No	ne $\square$ Chec	k here if you have attached additional sheets			

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ITEM 12 RSCH 15(d)(6)	CREDITOR INTEREST IN INSOL	VENT BUSINESS HAVING A VALUE OF	\$5,000 OR MORE.				
	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE			
<b>Z</b> (	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  GIFT(S) THAT MUST BE REPORTED UNDER RULE 3.13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.							
	SOURCE	DESCRIPTI	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)	RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
i attended	28 hours of Approved Judici	al Education during the reporting pe	ried.				
REMARKS:							
	See attached sheets,						
CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.							
SIGNATURE:	Sherri-Ann k. Jha	Ph	DA	TE: 2/24/11			
NOTE: This filing is not valid without a signature							

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