

## 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

Reprographics (03/11) SC (Ex RG(03/11)

- 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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY Electronically Filed **Supreme Court** SCFD-11-0000274 02-APR-2012

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TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES. (Type or Print Clearly) NAME OF SPOUSE OR DOMESTIC PARTNER: NAME: Rothschild Frank (FIRST) (MIDDLE) Frances Evelyn de Buhr OFFICE ADDRESS: 3970 Kaana Street No. of Dependent Children: (Do not include names) NUMBER, STREET CITY OR TOWN: Lihue ZIP CODE: 96766 0 JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE 4822536 Per Diem Judge 1994 CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2011 ANNUAL INCOME ITEM 1 RSCH 15(d)(1) JUDICIAL COMPENSATION C JUDGE'S OTHER INCOME RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) EMPLOYER/LAW FIRM **BUSINESS ADDRESS** ANNUAL INCOME Frank Rothschild Inc. 4920 Wailapa Road, Kilauea E INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) **EMPLOYER** ANNUAL INCOME Self D JUD 101 (02/11) (eff. 01/01/11)

| 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 National Institute for Trial Advocacy |   | Ro     | NATURE OF SERVICES RENDERED Royalties             |                       | DERED                         | AMOUNT<br>B       |   |
|  | Check here if entry is None   |        | Check here if you ha                              | ave attached addition | al sheets                     |                   |   |
| ITEM 5<br>RSCH 15(d)(2)                      |   |        |   |                       |                               |                   | ATE, HAVING A                             |
| Frank Ro                                     | NAME OF BUSINESS  |        | NATURE OF TEACHING, of dispute res                |                       | NATURE OF INTERIOR 100% owner | EST               | ENTER AMOUNT<br>OR NO. OF SHARES          |
| ☐ Check here if entry is None                |   |        | Check here if you have attached additional sheets |                       |                               |                   |   |
| ITEM 6<br>RSCH 15(d)(2)                      | OWNERSHIP OR BENEFICIAL INTER   | REST U | INDER ITEM 5 TRA                                  | NSFERRED DURING       | THIS DISCLOSURE PE            | RIOD.             |   |
|  | NAME OF BUSINESS  |        | DATE OF   | TRANSFER              | VALUE                         | OF TRA            | ANSFER                                    |
| Ø  | Check here if entry is None   |        | Check here if you ha                              | ave attached addition | al sheets                     |                   |   |
| ITEM 7<br>RSCH 15(d)(3)                      | LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.                    |        |   |                       |                               |                   |   |
| Ø  | NAME OF BUSINESS  Check here if entry is None   |        | Check here if you h                               | TITLE AN              | D TERM OF OFFICE              | - <del>- 77</del> | COMPENSATION<br>(enter amount or<br>NONE) |

| ITEM 8<br>RSCH 15(d)(4)   |                          |                                   |   |                                    |  |  |  |
|---|--------------------------|-----------------------------------|---|------------------------------------|--|--|--|
| Bank of A<br>CA 9306  |                          | ss of creditor 5170, Simi Valley, | ORIGINAL AMOUNT OWED 472,000                | AMOUNT OWED AT END OF YEAR 370,000 |  |  |  |
|   | Check here if entry is N | one Check I                       | here if you have attached additional sheets |                                    |  |  |  |
| ITEM 9<br>RSCH 15(d)(5)   | REAL PROPERTY IN         | THE STATE IN WHICH IS HEL         | LD AN INTEREST WITH A FAIR MARKET VALU      | JE OF \$10,000 OR MORE.            |  |  |  |
| 96754   |                          | POSTAL ZIP CODE OF LOCA           | ATION                                       | VALUE<br>1,091,000                 |  |  |  |
| <b>₩</b>  | Check here if entry is N | one Check t                       | here if you have attached additional sheets |                                    |  |  |  |
| ITEM 10<br>RSCH 15(d)(5)  | REAL PROPERTY, T         | THE FAIR MARKET VALUE OF          | WHICH EXCEEDS \$10,000, ACQUIRED DURIN      | NG THE 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 D       | URING THE DISCLOSURE PERIOD.       |  |  |  |
| POSTAL ZIP C  | ODE OF LOCATION          |                                   | ERSON FURNISHING CONSIDERATION              | CONSIDERATION RECEIVED             |  |  |  |
| <b>Z</b> c  | heck here if entry is No | ne 🔲 Check 🖯                      | here if you have attached additional sheets |                                    |  |  |  |

JUD 101 (02/11) (eff. 01/01/11)

| ITEM 12<br>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            |  |  |  |  |
| <b>☑</b> c   | Check here if entry is None   | ☐ Check here if you have attact      | ned additional sheets |                  |  |  |  |  |
| ITEM 13<br>RSCH 15(d)(7);<br>Rule 3.13<br>Revised Code<br>of Judicial<br>Conduct           | GIFT(S) THAT MUST BE REPORTED UNDER RULE 3.13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT. |                                      |                       |                  |  |  |  |  |
|  | SOURCE  | DESCRIPT                             | ESTIMATED VALUE       |                  |  |  |  |  |
|  |   |                                      |                       |                  |  |  |  |  |
| <b>Ø</b> c   | check here if entry is None   | Check here if you have attach        | ned additional sheets |                  |  |  |  |  |
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h)  | FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION   |                                      |                       |                  |  |  |  |  |
| I attended   | 6 hours of Approved Judici  | al Education during the reporting pe | riod.                 |                  |  |  |  |  |
| REMARKS:   |   |                                      |                       |                  |  |  |  |  |
| See attached sheets.   |   |                                      |                       |                  |  |  |  |  |
| CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement. |   |                                      |                       |                  |  |  |  |  |
| SIGNATURE:   | 4   | >                                    | DA                    | TE: February 25, |  |  |  |  |
| NOTE: This f   | filing is not relid without a signature.  |                                      |                       |                  |  |  |  |  |