

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

THIS SPACE FEIE CETO FICATION FILED **Supreme Court** 

FINANCIAL DISCLOSURE STATEMENT

SCFD-11-0000280 01-MAY-2012 04:17 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.

- 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.

- 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

NAME  CALLERST  (FIRST)  (FIRST)  (FIRST)  (FIRST)  (FIRST)  (FIRST)  (FIRST)  (MIDDLE)  NO. of Dependent Children (Do not include names)  NO. of		(Type or Print Cleari	y)	
OFFICE ADDRESS:  NUMBER, STREET  ZIP CODE 96185  CITY OR TOWN  ZIP CODE 96185  NUMBER, STREET  ZIP CODE 96185  No. of Dependent Children (Do not include names)  No. of Dependent Children (Do not i	NAME Smith	william	لحكاسمكوا	SPOUSE OR DOMESTIC PARTNER
NUMBER, STREE  CITY OR TOWN  ZIP CODE  PORTION  ZIP CODE  PORTION  ANDICIAL POSITION HELD  DATE OF APPOINTMENT  OFFICE PHONE  SOB - 961 - 9 141  ANNUAL INCOME  TEM 1 SIDDICIAL COMPENSATION  ANNUAL INCOME  BUSINESS ADDRESS  ANNUAL INCOME  TEM 2 SIDDICIAL COMPENSATION  BUSINESS ADDRESS  ANNUAL INCOME  TEM 3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN  SIGH 15(g)(1)  I(if income for services rendered exceeds \$1,000)  TEM 3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN  SIGH 15(g)(1)  I(if income for services rendered exceeds \$1,000)  EMPLOYER  ANNUAL INCOME  EMPLOYER  ANNUAL INCOME	(LAST)		\ \	ade A. Mai
DATE OF APPOINTMENT OFFICE PHONE  ANALY 2008 808 - 961 - 8147  CALENDAR YEAR COVERED BY THIS DISCLOSURE. 2010-11  TEM 1 JUDICIAL COMPENSATION  ANNUAL INCOME  BY  TEM 2 JUDICIAL COMPENSATION  EMPLOYER/LAW FIRM  BUSINESS ADDRESS  ANNUAL INCOME  TEM 3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN  (If income for services rendered exceeds \$1,000)  TEM 3 (If income for services rendered exceeds \$1,000)  TEM 3 RSCH 15(d)(1) (If income for services rendered exceeds \$1,000)  TEM 3 ANNUAL INCOME  EMPLOYER  ANNUAL INCOME	OFFICE ADDRESS:		N NO. OF DE	
CALENDAR YEAR COVERED BY THIS DISCLOSURE. 2010-11  TIEM 1 ANNUAL INCOME B  TEM 3 RSCH 15(d)(1) INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (If income for services rendered exceeds \$1,000)  EMPLOYER  ANNUAL INCOME  EMPLOYER  ANNUAL INCOME  ANNUAL INCOME  ANNUAL INCOME	CITY OR TOWN	_ ZIP CODE 9618	35	
TEM 1 SCH 15(d)(1) JUDICIAL COMPENSATION  TEM 2 JUDICIAL COMPENSATION  TEM 2 SCH 15(d)(1) (if income for services rendered exceeds \$1,000)  EMPLOYER/LAW FIRM BUSINESS ADDRESS ANNUAL INCOME  TEM 3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN SCH 15(d)(1) (if income for services rendered exceeds \$1,000)  EMPLOYER  ANNUAL INCOME  EMPLOYER  ANNUAL INCOME	JUDICIAL POSITION HELD	DATE OF APPOINTMENT		
TEM 1 SCH 15(d)(1) JUDICIAL COMPENSATION  TEM 2 JUDIGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)  EMPLOYER/LAW FIRM BUSINESS ADDRESS ANNUAL INCOME  TEM 3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)  EMPLOYER ANNUAL INCOME	FR DIEM 200	goor ward stoop	7808 - 967	-8147
TEM 2 JUDICIAL COMPENSATION  TEM 2 (if income for services rendered exceeds \$1,000)  EMPLOYER/LAW FIRM BUSINESS ADDRESS ANNUAL INCOME  TEM 3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)  EMPLOYER ANNUAL INCOME	CALENDAR YEAR COVERED BY THIS	DISCLOSURE. 2010-11		
EMPLOYER/LAW FIRM  BUSINESS ADDRESS  ANNUAL INCOME  TEM 3 RSCH 15(d)(1)  INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)  EMPLOYER  ANNUAL INCOME		ENSATION		ANNUAL INCOME
TEM 3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)  EMPLOYER ANNUAL INCOME				<i>D</i>
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ITEM 4 RSCH 15(d)(1)					
	SOURCE	nature	OF SERVICES RENI	DERED	AMOUNT
	Check here if entry is None	Check here if you h	ave attached additions	al sheets	
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL INT VALUE OF \$5,000 OR MORE OR EQUAL	EREST, HELD IN AN' TO 10% OF THE OW	/ BUSINESS CARRYII NERSHIP OF THE BU	NG ON BUSINESS IN THE ST.	ATE, HAVING A
	NAME OF BUSINESS	NATURE O	F BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES
		,			
<b>_</b>	Check here if entry is None	Check here if you h	ave attached additiona	al sheets 	
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTEREST	UNDER ITEM 5 TRA	NSFERRED DURING	THIS DISCLOSURE PERIOD.	
	NAME OF BUSINESS	DATE OF	TRANSFER	VALUE OF TR	ANSFER
	Check here if entry is None	Check here if you h	ave attached additions	al sheets	_
ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTORSH	IIP, TRUSTEESHIP C	R OTHER FIDUCIARY	Y RELATIONSHIP HELD IN AN	IY BUSINESS.
	NAME OF BUSINESS  Check here if entry is None	Check here if you h	TITLE AND	OTERM OF OFFICE	COMPENSATION (enter amount or NONE)

ITEM 8 RSCH 15(d)(4)			) ACCOUNTS, TO WHOM MORE THAN \$3 EEDED \$10,000 FOR SIX MONTHS OR M		D DURING THE DISCLOSURE
	NAME AND ADDRES	SS OF CREDITOR	ORIGINAL AMOUNT OWE	D AMO	UNT OWED AT END OF YEAR
•	Banck	of Hamai	٠		
	Honoh	V. 33°	£.		C
	MONO W	ر سر <sub>ا</sub> هما کرادی	3/3		
	Check here if entry is N	one Chec	ck here if you have attached additional shee	ets	
ITEM 9	REAL PROPERTY IN	THE STATE IN WHICH IS H	HELD AN INTEREST WITH A FAIR MARKE	ET VALUE OF \$1	0,000 OR MORE.
RSCH 15(d)(5)		POSTAL ZIP CODE OF LC	DCATION		VALUE
					-
					J
V £	olcamo,	71			
Q	olcamo,	140			
	Check here if entry is N		ck here if you have attached additional shee	-	
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE C	DF WHICH EXCEEDS \$10,000, ACQUIRED	DURING THE D	DISCLOSURE PERIOD. 
POSTAL ZIP (	CODE OF LOCATION	NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RE CONSIDERATION	ECEIVING	CONSIDERATION GIVEN
			Bank of Har	uaii	C
		OWHER	<b>,</b>		+.
9618	<u> </u>	COLLEGE			
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ITEM 11 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE C	DF WHICH EXCEEDS \$10,000, TRANSFER	RRED DURING T	THE DISCLOSURE PERIOD.
POSTAL ZIP (	CODE OF LOCATION	NAME AND ADDRESS OF	PERSON FURNISHING CONSIDERATIO	N	CONSIDERATION RECEIVED
					1
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	Check here if entry is No	ne 🗌 Ched	ck here if you have attached additional shee	ets	

ITEM 12 RSCH 15(d)(6)	CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.				
N	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE	
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				i	
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	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		TED UNDER RULE 3.13(c) OF THE HAV	VAI'I REVISED CODE OF JUDICIAL C	ONDUCT.	
	SOURCE	DESCRIPTI	ON OF GIFT	ESTIMATED VALUE	
		i			
	/				
	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' APPROVE	D JUDICIAL EDUCATION			
I attended	hours of Approved Judic	ial Education during the reporting pe	riod.		
REMARKS:					
□s	iee attached sheets.				
CERTIFICATIO	DN: 1 hereby certify that the above is	a true, correct, and complete statement.	۸۵۵٬۱	27,2012	
SIGNATURE:			DA		
١.	•••	) <b>4</b> .			
NOTE. This f	filing is not valid without a signature.			-	

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