

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

FINANCIAL DISCLOSURE STATEMENT

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**Electronically Filed
 Supreme Court
 SCFD-11-0000290
 18-FEB-2015
 09:20 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
- 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: <u>Valenciano</u> <u>Randal</u> <u>G.B.</u> <small>(LAST) (FIRST) (MIDDLE)</small>	NAME OF SPOUSE OR DOMESTIC PARTNER: <u>Debbie</u>
OFFICE ADDRESS: <u>3970 Kaana Street</u> <small>NUMBER, STREET</small>	No. of Dependent Children: <small>(Do not include names)</small> <u>2</u>
CITY OR TOWN: <u>Lihue</u> ZIP CODE: <u>96766</u>	
JUDICIAL POSITION HELD <u>Chief Judge</u>	DATE OF APPOINTMENT <u>06/17/2007</u>
	OFFICE PHONE <u>(808) 482-2322</u>

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 14

ITEM RSCH 15(d)(1)	DESCRIPTION	ANNUAL INCOME						
1	JUDICIAL COMPENSATION	G						
2	JUDGE'S OTHER INCOME <small>(if income for services rendered exceeds \$1,000)</small>							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">EMPLOYER/LAW FIRM</th> <th style="width: 30%;">BUSINESS ADDRESS</th> <th style="width: 25%;">ANNUAL INCOME</th> </tr> </thead> <tbody> <tr> <td>Randal Valenciano</td> <td>P.O. Box 124, Lihue, HI 96766</td> <td>B</td> </tr> </tbody> </table>	EMPLOYER/LAW FIRM	BUSINESS ADDRESS	ANNUAL INCOME	Randal Valenciano	P.O. Box 124, Lihue, HI 96766	B	
EMPLOYER/LAW FIRM	BUSINESS ADDRESS	ANNUAL INCOME						
Randal Valenciano	P.O. Box 124, Lihue, HI 96766	B						
3	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN <small>(if income for services rendered exceeds \$1,000)</small>							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">EMPLOYER</th> <th style="width: 30%;">ANNUAL INCOME</th> </tr> </thead> <tbody> <tr> <td>State of Hawaii, Department of Labor (Spouse)</td> <td>D</td> </tr> <tr> <td>Kodani & Associates Engineers LLC (Child)</td> <td>B</td> </tr> </tbody> </table>	EMPLOYER	ANNUAL INCOME	State of Hawaii, Department of Labor (Spouse)	D	Kodani & Associates Engineers LLC (Child)	B	
EMPLOYER	ANNUAL INCOME							
State of Hawaii, Department of Labor (Spouse)	D							
Kodani & Associates Engineers LLC (Child)	B							

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
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SOURCE	NATURE OF SERVICES RENDERED	AMOUNT

Check here if entry is None Check here if you have attached additional sheets

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
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NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES

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.
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NAME OF BUSINESS	DATE OF TRANSFER	VALUE OF TRANSFER

Check here if entry is None Check here if you have attached additional sheets

ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS
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NAME OF BUSINESS	TITLE AND TERM OF OFFICE	COMPENSATION (enter amount or NONE)
Randal Valenciano, DBA Randal Valenciano P.O. Box 124 Lihue, HI 96766	Owner	See Item #2

Check here if entry is None Check here if you have attached additional sheets

ITEM 8
RSCH 15(d)(4) LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.

NAME AND ADDRESS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR
American Savings Bank	G	D
P.O. Box 2300	Home Equity Line of Credit	F
Honolulu, HI 96804		

Check here if entry is None Check here if you have attached additional sheets

ITEM 9
RSCH 15(d)(5) REAL PROPERTY IN THE STATE IN WHICH IS HELD AN INTEREST WITH A FAIR MARKET VALUE OF \$10,000 OR MORE.

POSTAL ZIP CODE OF LOCATION	VALUE
96766 (1/2 interest)	H
96716 (1/6 interest)	E

Check here if entry is None Check here if you have attached additional sheets

ITEM 10
RSCH 15(d)(5) REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, ACQUIRED DURING THE DISCLOSURE PERIOD.

POSTAL ZIP CODE OF LOCATION	NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION	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 CODE OF LOCATION	NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVED

Check here if entry is None Check here if you have attached additional sheets

ITEM 12
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

Check here if entry is None

Check here if you have attached 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 HAWAII REVISED CODE OF JUDICIAL CONDUCT.

SOURCE	DESCRIPTION OF GIFT	ESTIMATED VALUE

Check here if entry is None

Check here if you have attached additional sheets

ITEM 14
RSCH 15(d)(8)
& 22(h)

FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION

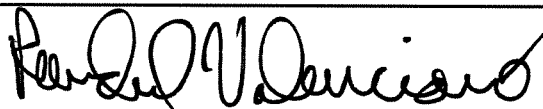
I attended 11 hours of Approved Judicial Education during the reporting period.

REMARKS:

See attached sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE:



DATE: 02/17/2015

NOTE: This filing is not valid without a signature.