

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

K -\$1,000,000 or more

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

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.

amount, the following financial range codes may be used.

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

Electronically Filed Supreme Court SCFD-11-0000225 28-APR-2011 06:18 PM

	(Type o	r Print Clearly)				
NAME: Kobayashi,	Joseph (FIRST)	Niro (MIDDLE)	NAME OF SPO			
OFFICE ADDRESS: P.O. Box 589	NUMBER, STREET		No. of Depend	ent Children:	,	
сіту ок тоwn: Караа		ZIP CODE: 96746	1			
JUDICIAL POSITION HELD Per Diem District/Family	DATE OF APPOINTMENT 03/12/08	office phone 808 822	-9000			
CALENDAR YEAR COVERED BY THIS DISCLOS	URE: 20_10					
ITEM 1 RSCH 15(d)(1) JUDICIAL COMPENSATION	DN .			B ANNU	AL INCOM	E
ITEM 2 JUDGE'S OTHER INCOM RSCH 15(d)(1) (if income for services rend						
Self	M	BUSINESS ADDRESS P.O. Box 589 Kapaa, HI 96746		E	JAL INCOM	ΙE
ITEM 3 INCOME OF SPOUSE OR (if income for services rend		ND DEPENDENT CHILDREN				
Self	EMPLOYER			D	JAL INCOM	E
			 F ¹		2011 APR	
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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	NATUR	E OF SERVICES REN	DERED	AMOUNT	_
	Check here if entry is None	Check here if you ha	ave attached additiona	al sheets		_
						_
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL INT VALUE OF \$5,000 OR MORE OR EQUAL				E STATE, HAVING A	
	NAME OF BUSINESS	NATURE C	OF BUSINESS	NATURE OF INTERES		_
					OR NO. OF SHARES	5
MOB		For Profit		Mutual Fund	В	
BRK'B		For Profit		Stock	В	
MUI MFL		For Profit For Profit		Mutual Fund Mutual Fund	В	
FXI		For Profit		ETF	C	
NPP		For Profit		Mutual Fund	В	
		<u> </u>		iviataari ana	D	_
	Check here if entry is None	Check here if you ha	ave attached additiona	al sheets		
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTERES	T UNDER ITEM 5 TRA	ANSFERRED DURING	THIS DISCLOSURE PERI	IOD. 	
	NAME OF BUSINESS		TRANSFER		F TRANSFER	
VALE		2/9/10		В		
TC		2/9/10 2/9/10		C		
APA UPL		2/9/10		В		
USO		2/16/10		B C		
PBR		2/16/10		В		
HHCCW		11/17/10		C		
<u> </u>	Check here if entry is None	Check here if you h	nave attached addition	al sheets		_
ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTORS	HIP, TRUSTEESHIP C	OR OTHER FIDUCIAR	Y RELATIONSHIP HELD IN	N ANY BUSINESS.	
	NAME OF BUSINESS		TITLE AN	D TERM OF OFFICE	COMPENSATION	
Kauai Cor	nmunity Federal Credit Ui	nion	Supervisory	Committee	(enter amount or NONE)	
			Member		None	
			Annual			
Ш,	Check here if entry is None	☐ Check here if you h	nave attached addition	al sheets		

ITEM 4 RSCH 15(d)(1)							
	SOURCE	NATURE	OF SERVICES REN	DERED	AMOUNT		
	Check here if entry is None	Check here if you ha	ave attached additiona	I sheets			
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL I VALUE OF \$5,000 OR MORE OR EQU				TATE, HAVING A		
	NAME OF BUSINESS		F BUSINESS	NATURE OF INTEREST	ENTER AMOUNT		
MQY		For Profit		Mutual Fund	OR NO. OF SHARES		
RIO		For Profit		Stock	B		
PCL DBC		For Profit		Stock ETF	С		
UYG		For Profit For Profit		Stock	С		
MMU		For Profit		Mutual Fund	C		
HHCCW		For Profit		Bond	В		
HILOGA				Boliu	_ 		
	Check here if entry is None	Check here if you ha	ave attached additiona	l sheets			
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTERE	EST UNDER ITEM 5 TRA	NSFERRED DURING	THIS DISCLOSURE PERIOD).		
	NAME OF BUSINESS	DATE OF	TRANSFER	VALUE OF T	RANSFER		
	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, DIRECTOR	SHIP, TRUSTEESHIP O	R OTHER FIDUCIAR	Y RELATIONSHIP HELD IN A	NY BUSINESS.		
	NAME OF BUSINESS		TITLE AN	D TERM OF OFFICE	COMPENSATION (enter amount or NONE)		
					·		
		Паг					
Check here if entry is None Check here if you have attached additional sheets							

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ITEM 4 RSCH 15(d)(1)	ANY OTHER INCOME, FOR SERVICE REPEATED HERE	S RENDERED, IN EXCES		ME DISCLOSED IN ITEMS	1 - 3 NEED NOT BE
	SOURCE	NATURE	OF SERVICES REN	DERED	AMOUNT
	Check here if entry is None	Check here if you ha	ave attached additiona	il sheets	
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU				STATE, HAVING A
	NAME OF BUSINESS		F BUSINESS	NATURE OF INTERES	
PBR USO		For Profit		Stock Stock	OR NO. OF SHARES
APA		For Profit For Profit		Stock	С
UPL		For Profit		Stock	В
TC		For Profit		Stock	В
AOVIX		For Profit		Mutual Fund	C
FIDELITY	, 	For Profit		Mutual Fund	C
	Check here if entry is None	Check here if you ha	ave attached additiona	I sheets	
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTER	EST UNDER ITEM 5 TRA	NSFERRED DURING	THIS DISCLOSURE PERIO	DD.
	NAME OF BUSINESS	DATE OF	TRANSFER	VALUE OF	TRANSFER
	Check here if entry is None	Check here if you h	ave attached additiona	al sheets	
ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTO	RSHIP, TRUSTEESHIP O	R OTHER FIDUCIAR	Y RELATIONSHIP HELD IN	ANY BUSINESS.
	NAME OF BUSINESS		TITLE ANI	D TERM OF OFFICE	COMPENSATION (enter amount or
					NONE)
П.	Check here if entry is None	Check here if you h	ave attached additions	al sheets	I
Check here if entry is None Check here if you have attached additional sheets					

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ITEM 4 RSCH 15(d)(1)	ANY OTHER INCOME, FOR SERVICES REPEATED HERE	S REN	IDERED, IN EXCES	S OF \$1,000 - INCOM	ME DISCLOSED IN ITEMS	S 1 - 3	NEED NOT BE
	SOURCE		NATURE	OF SERVICES RENI	DERED		AMOUNT
	Check here if entry is None		Check here if you ha	ve attached additiona	l sheets		
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL I					E ST/	ATE, HAVING A
Vanguard	NAME OF BUSINESS		NATURE 0	FBUSINESS	NATURE OF INTERE	ST	ENTER AMOUNT OR NO. OF SHARES
Vanguard American			For Profit		Mutual Fund		C
	Check here if entry is None		Check here if you ha	ve attached additiona	l sheets		
(TEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTERE	EST U	NDER ITEM 5 TRA	NSFERRED DURING	THIS DISCLOSURE PER	RIOD.	
	NAME OF BUSINESS		DATE OF	TRANSFER	VALUE C)F TR	ANSFER
	Check here if entry is None		Check here if you ha	ave attached additiona	al sheets		
ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTOR	RSHIP,	, TRUSTEESHIP O	R OTHER FIDUCIAR	Y RELATIONSHIP HELD I	IN AN	Y BUSINESS.
	NAME OF BUSINESS			TITLE AND	TERM OF OFFICE		COMPENSATION (enter amount or NONE)
	Check here if entry is None		Check here if you ha	ave attached additiona	ıl sheets		-

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ITEM 8 RSCH 15(d)(4)						
NAME AND ADDRESS OF CREDITOR American Savings Bank P.O. Box 2300 Honolulu, HI 96804			ORIGINAL AMOUNT OWED A	AMOU E	NT OWED AT END OF YEAR	
First Hawaiian Bank P.O. Box 3200 Honolulu, HI 96846			l	Н		
	Check here if entry is N	one Check	here if you have attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	I THE STATE IN WHICH IS HE	ELD AN INTEREST WITH A FAIR MARKET VALU	JE OF \$10	,000 OR MORE.	
ITEM 10 RSCH 15(d)(5)	Check here if entry is N REAL PROPERTY, T ODE OF LOCATION	HE FAIR MARKET VALUE OF	here if you have attached additional sheets WHICH EXCEEDS \$10,000, ACQUIRED DURIN NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION		SCLOSURE PERIOD. CONSIDERATION GIVEN	
	heck here if entry is No	one Check	k here if you have attached additional sheets	-		
ITEM 11 RSCH 15(d)(5)	•		WHICH EXCEEDS \$10,000, TRANSFERRED D	URING TH		
	ODE OF LOCATION	_	PERSON FURNISHING CONSIDERATION		CONSIDERATION RECEIVED	
			Hoto it you have attacifed additional streets			

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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 CREDITO	R	ORIGINAL AMOUNT OWED	AMO	JNT OWED AT END OF YEAR	
	Check here if entry is None	Check here if	you have attached additional sheets			
ITEM 9			INTEREST WITH A FAIR MARKET VALU	IE OF \$1	0,000 OR MORE.	
RSCH 15(d)(5)	POSTAL ZIP C	ODE OF LOCATION			VALUE	
96746				F		
96754 96714				J E		
96714				K		
96714				ı		
96714						
96714 96714				K B		
	Check here if entry is None	Check here if	you have attached additional sheets	_		
ITEM 10 RSCH 15(d)(5)	<u> </u>		H EXCEEDS \$10,000, ACQUIRED DURIN	G THE D	DISCLOSURE PERIOD.	
	ODE OF LOCATION NATURE OF II		AND ADDRESS OF PERSON RECEIVING	G	CONSIDERATION GIVEN	
		CONS	IDERATION			
	heck here if entry is None	Check here i	f you have attached additional sheets			
ITEM 11 RSCH 15(d)(5)	REAL PROPERTY, THE FAIR MARKE	ET VALUE OF WHIC	H EXCEEDS \$10,000, TRANSFERRED D	URING T	HE DISCLOSURE PERIOD.	
POSTAL ZIP C	ODE OF LOCATION NAME AND AD	DRESS OF PERSO	N FURNISHING CONSIDERATION		CONSIDERATION RECEIVED	
———	heck here if entry is None	Check here if	you have attached additional sheets			
			,			

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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		
	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 H	ELD AN INTEREST WITH A FAIR MARKET VALU	E OF \$10,000 OR MORE.		
96714	POSTAL ZIP CODE OF LOG	CATION	VALUE		
00/11			••		
ITEM 10		k here if you have attached additional sheets			
RSCH 15(d)(5)	REAL PROPERTY, THE FAIR MARKET VALUE OF				
POSTAL ZIP C	ODE OF LOCATION NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION	G CONSIDERATION GIVEN		
	heck here if entry is None	ck here if you have attached additional sheets			
ITEM 11 RSCH 15(d)(5)	REAL PROPERTY, THE FAIR MARKET VALUE OF	F WHICH EXCEEDS \$10,000, TRANSFERRED DU	JRING THE DISCLOSURE PERIOD.		
POSTAL ZIP C	ODE OF LOCATION NAME AND ADDRESS OF	PERSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVED		
	neck here if entry is None	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			
<u> </u>	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	GIFT(S) THAT MUST BE REPOR	TED UNDER RULE 3.13(c) OF THE HAV	VAI'I REVISED CODE OF JUDICIAL CO	ONDUCT.			
	SOURCE	DESCRIPTI	ON OF GIFT	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)	FULL-TIME JUDGES' APPROVED) JUDICIAL EDUCATION					
I attended N	I.A. hours of Approved Judicia	al Education during the reporting pe	riod.				
REMARKS:							
See attached sheets.							
CERTIFICATIO	N: I hereby certify that the above is	a true, correct, and complete statement.					
SIGNATURE	Mallet -		Cepul 10	7,2011			
NOTE: This filing is not valid without a signature.							

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