|  | FINANCIAL DISCLOSURE STATEMENT   |
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| SUPREME COURT CLERK'S OFFICE<br>417 SOUTH KING STREET<br>HONOLULU, HAWAI'I 96813-2912  | THIS SPACE FOR OFFICE USE ONLY<br>Electronically Filed<br>Supreme Court<br>SCFD-11-0000259 |
| Before completing this form please read the instructions for Financial Disclosure Statement, including<br>the text of Supreme Court Rule 15. REMINDER: For all items requiring a monetary amount, the<br>following financial range codes may be used.  | 30-APR-2012<br>03:59 PM  |
| A - Less than \$1,000 G - At least \$150,000 but less than \$250,000   B - At least \$1,000 but less than \$10,000 H - At least \$250,000 but less than \$500,000   C - At least \$10,000 but less than \$25,000 I - At least \$250,000 but less than \$750,000   D - At least \$25,000 but less than \$50,000 I - At least \$750,000 but less than \$150,000   F - At least \$100,000 but less than \$150,000 K - \$1,000,000 or more |  |
| TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.  |  |
| (Type or Print Clearly)  |  |
| NAME: OKAMOTO MAURA MODERI<br>(LAST) (FIRST) (MID  | 1011<br>DLE) NAME OF SPOUSE OR DOMESTIC PARTNER:<br>JUGARE OKAMO TO                        |
| OFFICE ADDRESS: P.O. Box 61282   | No. of Dependent Children:   |
| CITY OR TOWN: HONOLULU ZIP CODE: HI 9  | <u>6839</u> Ø  |
| JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFI  | 608 392 - 0698   |
| CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20   |  |
| ITEM 1<br>RSCH 15(d)(1) JUDICIAL COMPENSATION  | ANNUAL INCOME  |
| ITEM 2 JUDGE'S OTHER INCOME<br>RSCH 15(d)(1) (if income for services rendered exceeds \$1,000)   | ø  |
| EMPLOYER/LAW FIRM BUSINESS A   | 12 APR 30 PM 4: 0  |
| ITEM 3<br>RSCH 15(d)(1) INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN<br>(if income for services rendered exceeds \$1,000)   |  |
| EMPLOYER   | ANNUAL INCOME  |
| STATE OF HAWAU   | E  |
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| 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<br>REPEATED HERE |   |                                       |                                       |   |
|-------------------------|--|---|---------------------------------------|---------------------------------------|---|
|                         | SOURCE   | NATUR                                       | E OF SERVICES REN                     | IDERED                                | AMOUNT                                    |
|                         | Check here if entry is None  | Check here if you                           | have attached additio                 | nal sheets                            |   |
| ITEM 5<br>RSCH 15(d)(2) | EACH OWNERSHIP OR BENEFICIAL I<br>VALUE OF \$5,000 OR MORE OR EQU  | INTEREST, HELD IN AN<br>AL TO 10% OF THE OW | Y BUSINESS CARRY<br>NERSHIP OF THE BU | ING ON BUSINESS IN THE ST<br>JSINESS. | TATE, HAVING A                            |
|                         | NAME OF BUSINESS   | NATURE C                                    | FBUSINESS                             | NATURE OF INTEREST                    | ENTER AMOUNT<br>OR NO. OF SHARES          |
|                         | Check here if entry is None  | Check here if you                           | have attached addition                | nal sheets                            |   |
| ITEM 6<br>RSCH 15(d)(2) |  | EST UNDER ITEM 5 TRA                        |                                       | THIS DISCLOSURE PERIOD                | <i></i>                                   |
|                         | NAME OF BUSINESS   | DATE OF                                     | TRANSFER                              | VALUE OF TF                           | RANSFER                                   |
|                         | Check here if entry is None  | Check here if you                           | have attached addition                | nal sheets                            |   |
| ITEM 7<br>RSCH 15(d)(3) | LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.                       |   |                                       |                                       |   |
|                         | NAME OF BUSINESS   | Chast Loss (                                |                                       |                                       | COMPENSATION<br>(enter amount or<br>NONE) |
|                         | Check here if entry is None  | Check here if you                           | have attached addition                | nal sheets                            |   |

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| ITEM 8<br>RSCH 15(d)(4)   | LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE<br>PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE. |                         |   |                              |  |  |
|---|---|-------------------------|---|------------------------------|--|--|
|   | NAME AND ADDRES   | S OF CREDITOR           | ORIGINAL AMOUNT OWED                            | AMOUNT OWED AT END OF YEAR   |  |  |
|   |   |                         |   |                              |  |  |
|   |   |                         |   |                              |  |  |
|   |   |                         |   |                              |  |  |
|   |   |                         |   |                              |  |  |
|   | /   |                         |   |                              |  |  |
| V   | Check here if entry is  | None Che                | eck here if you have attached additional sheets |                              |  |  |
| ITEM 9<br>RSCH 15(d)(5)   | REAL PROPERTY IN  | THE STATE IN WHICH IS F | IELD AN INTEREST WITH A FAIR MARKET VALU        | JE OF \$10,000 OR MORE.      |  |  |
|   |   | POSTAL ZIP CODE OF LO   | CATION  | VALUE                        |  |  |
| 96822 T   |   |                         |   |                              |  |  |
|   |   |                         |   | · ·                          |  |  |
|   |   |                         |   |                              |  |  |
|   |   |                         |   |                              |  |  |
|   | Check here if entry is 1  | None Che                | eck here if you have attached additional sheets |                              |  |  |
| ITEM 10<br>RSCH 15(d)(5)  | REAL PROPERTY, TH   | HE FAIR MARKET VALUE C  | F WHICH EXCEEDS \$10,000, ACQUIRED DURIN        | G THE DISCLOSURE PERIOD.     |  |  |
|   | ODE OF LOCATION   | NATURE OF INTEREST      | NAME AND ADDRESS OF PERSON RECEIVING            | G CONSIDERATION GIVEN        |  |  |
|   |   |                         | CONCIDENTION                                    |                              |  |  |
|   |   |                         |   |                              |  |  |
|   |   |                         |   |                              |  |  |
|   |   |                         |   |                              |  |  |
| Check here if entry is None Check here if you have attached additional sheets |   |                         |   |                              |  |  |
| ITEM 11<br>RSCH 15(d)(5)  | REAL PROPERTY, TH   | HE FAIR MARKET VALUE C  |   | URING THE DISCLOSURE PERIOD. |  |  |
| POSTAL ZIP C  | ODE OF LOCATION   | NAME AND ADDRESS OF     | PERSON FURNISHING CONSIDERATION                 | CONSIDERATION RECEIVED       |  |  |
|   |   |                         |   |                              |  |  |
|   |   |                         |   |                              |  |  |
|   |   |                         |   |                              |  |  |
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| Check here if entry is None Check here if you have attached additional sheets |   |                         |   |                              |  |  |

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|--|---|--|----------------------------------|---------|
| ITEM 12<br>RSCH 15(d)(6)   | CREDITOR INTEREST IN INSOL              | VENT BUSINESS HAVING A VALUE OF          | \$5,000 OR MORE.                 |         |
| N  | IAME OF BUSINESS                        | NATURE OF BUSINESS                       | NATURE OF INTEREST               | VALUE   |
|  |   |  |                                  |         |
|  |   |  |                                  |         |
|  |   |  |                                  |         |
|  |   |  |                                  |         |
|  |   |  |                                  |         |
|  | Check here if entry is None             | Check here if you have attac             | thed 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 REPOR              | TED UNDER RULE 3.13(c) OF THE HAV        | VAI'I REVISED CODE OF JUDICIAL C | ONDUCT. |
|  | SOURCE                                  | DESCRIPTI                                | ESTIMATED VALUE                  |         |
|  |   |  |                                  |         |
|  |   |  |                                  |         |
|  |   |  |                                  |         |
|  |   |  |                                  |         |
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|  | Check here if entry is None             | Check here if you have attac             | hed additional sheets            |         |
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h)  | FULL-TIME JUDGES' APPROVED              | D JUDICIAL EDUCATION                     | NA                               |         |
| l attended   | hours of Approved Judicia               | al Education during the reporting per    | iod.                             |         |
| REMARKS:   |   |  |                                  |         |
|  |   |  |                                  |         |
|  |   |  |                                  |         |
|  |   |  |                                  |         |
|  |   |  |                                  |         |
|  | See attached sheets.                    |  |                                  |         |
| CERTIFICATIO   | N: I hereby certify that the above is a | a true, correct, and complete statement. |                                  |         |
| SIGNATURE:   | Maush M.                                | Okamok                                   | DATE:                            | 27 12   |
| NOTE: This fi  | ling is not valid without a signature.  |  |                                  | ¥       |
|  | MAURA M.                                | OKAMOTO                                  |                                  |         |
|  | - ,                                     |  |                                  |         |
| JUD 101 (02/11) (eff   | 5.01/01/11)                             |  |                                  | Page    |

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