



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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed
Supreme Court
SCFD-17-000074
13-FEB-2017
12:06 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
- 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)

| | |
|--|---|
| <p>NAME: <u>Goldberg</u> <u>Robert</u> <u>Michael</u> (LAST) (FIRST) (MIDDLE)</p> <p>OFFICE ADDRESS: <u>2970 Kele Street, Suite 208</u> NUMBER, STREET</p> <p>CITY OR TOWN: <u>Lihu'e</u> ZIP CODE: <u>96766</u></p> | <p>NAME OF SPOUSE OR DOMESTIC PARTNER: Mary Camela T. Goldberg</p> <p>No. of Dependent Children: (Do not include names) 4</p> |
|--|---|

| | | |
|------------------------|---------------------|----------------|
| JUDICIAL POSITION HELD | DATE OF APPOINTMENT | OFFICE PHONE |
| Per Diem Judge | 12/01/2016 | (808) 245-4102 |

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 16

| | | |
|-------------------------|-----------------------|--------------------|
| ITEM 1 RSCH 15(d)(1) | JUDICIAL COMPENSATION | ANNUAL INCOME 0 |
|-------------------------|-----------------------|--------------------|

| | | |
|-------------------------|---|--|
| ITEM 2 RSCH 15(d)(1) | JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) | |
|-------------------------|---|--|

| EMPLOYER/LAW FIRM | BUSINESS ADDRESS | ANNUAL INCOME |
|------------------------------------|---|---------------|
| Law Office of Robert Goldberg LLLC | 2970 Kele St., Ste. 208, Lihu'e, HI 96766 | C |
| Kauai Community College | 3-1901 Kaumualii Hwy, Lihu'e, HI 96766 | A |

| | | |
|-------------------------|--|--|
| ITEM 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 |
|--|---------------|
| Law Office of Robert Goldberg LLLC (wife) | A |
| Registered court interpreter (wife) | A |
| Law Office of Robert Goldberg LLLC (child) | A |
| Law Office of Robert Goldberg LLLC (child) | A |
| Law Office of Robert Goldberg LLLC (child) | A |

| | |
|-------------------------|---|
| 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 | NATURE OF SERVICES RENDERED | AMOUNT |
|--------|-----------------------------|--------|
| N/A | | |

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. |
|-------------------------|--|

| NAME OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | ENTER AMOUNT OR NO. OF SHARES |
|------------------------------------|--------------------|--------------------|-------------------------------|
| Law Office of Robert Goldberg LLLC | Law Office | Owner | 100% |

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. |
|-------------------------|--|

| NAME OF BUSINESS | DATE OF TRANSFER | VALUE OF TRANSFER |
|------------------|------------------|-------------------|
| N/A | | |

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. |
|-------------------------|--|

| NAME OF BUSINESS | TITLE AND TERM OF OFFICE | COMPENSATION (enter amount or NONE) |
|---------------------------------------|--------------------------|-------------------------------------|
| Jewish Community of Kauai (nonprofit) | Director (indefinite) | NONE |

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 |
| | Bank of Hawaii, Lihu'e, HI 96766 (home mortgage) | H | F |
| | Bank of Hawaii, Lihu'e, HI 96766 (line of credit) | N/A | E |

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 |
| | Kalaheo, HI 96741 (residence) | J |

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 |
| | N/A | | | |

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 |
| | N/A | | |

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 |
| | N/A | | | |

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 REVISIED CODE OF JUDICIAL CONDUCT. | | |
| | SOURCE | DESCRIPTION OF GIFT | ESTIMATED VALUE |
| | N/A | | |

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 _____ hours of Approved Judicial Education during the reporting period.

REMARKS:

Pursuant to Rule 15(b) of the Rules of the Supreme Court of the State of Hawai'i (as amended through January 1, 2016), this financial disclosure statement covers only that portion of the preceding calendar year during which the judge held office (December 1, 2016 to December 31, 2016). Accordingly, the income amounts are not annual.

Non-required information (income for services rendered not exceeding \$1,000, nonprofit directorship, etc.) is provided out of an abundance of disclosure.

Item 14 is not applicable to per diem judges. See RSCH 15(d)(8) and 22(h).

See attached sheets.

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

SIGNATURE: /s/ Robert Goldberg

DATE: 02/13/2017

NOTE: This filing is not valid without a signature.