

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

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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: Dom	ingo AST)	William (FIRST)	Michael (MIDDLE)	NAME OF SPO	DUSE OR DOMESTIC PARTNER:
OFFICE ADDRESS: Honolulu		NUMBER, STREET ZIP CODE: 96813		No. of Dependent Children: (Do not include names)	
JUDICIAL POSITION HELD		DATE OF APPOINTMENT			
District Judge, First Circuit May 18, 2015 808-538-5018 CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 17					
CALENDAR YEAR	R COVERED BY THIS DISCLOS	URE: 20 <u>11</u>			
ITEM 1 RSCH 15(d)(1)	JUDICIALCOMPENSATIO	DN			ANNUAL INCOME G
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)				
	EMPLOYER/LAW FIF	RM	BUSINESS ADDRESS		ANNUAL INCOME
ITEM 3 RSCH 15(d)(1)					
St. Francis Healthcare System				ANNUAL INCOME F	
Moondance Designs				С	

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 RENI	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 IN VALUE OF \$5,000 OR MORE OR EQUA				STATE, HAVING A	
	NAME OF BUSINESS	NATURE OF	FBUSINESS	NATURE OF INTERES	ENTER AMOUNT OR NO. OF SHARES	
Moondance I	Designs	Wedding flower	rs	Owner (spouse)	С	
Check here if entry is None		Check here if you ha	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 1	TRANSFER	VALUE OF	TRANSFER	
<u> </u>	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, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.					
✓	NAME OF BUSINESS Check here if entry is None	☐ Check here if you ha		D TERM OF OFFICE	COMPENSATION (enter amount or NONE)	
ك	Chook hore it only is Notice	☐ Check here if you ha	ave attached additions	ai Sileeis		

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	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 ADDRES Wells Fargo Home Mortgage, I		ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR		
Hawaii State Federal Credit Ur	nion, 560 Halekauwila St. Hon	F	E		
Kia Motors Finance P.O. Box 6	650805 Dallas, Tx 75265-0805	D D	D		
First Hawaiian Bank 999 Bisho	p Street, Honolulu,HI 96813	D	D		
Check here if entry is N	one Check here if	you have attached additional sheets	_		
ITEM 9 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				
96817			K		
☐ Check here if entry is N	lone	you have attached additional sheets			
		HEXCEEDS \$10,000, ACQUIRED DURING	THE DISCLOSURE PERIOD.		
POSTAL ZIP CODE OF LOCATION		AND ADDRESS OF PERSON RECEIVING	CONSIDERATION GIVEN		
	OON	IDEI (MICH			
✓ Check here if entry is None Check here if you have attached additional sheets					
ITEM 11 REAL PROPERTY, T	THE FAIR MARKET VALUE OF WHICH	HEXCEEDS \$10,000, TRANSFERRED DUF	RING THE DISCLOSURE PERIOD.		
POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION CONSIDERATION RECE			CONSIDERATION RECEIVED		
Check here if entry is None Check 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	IAME OF BUSINESS	NATURE OF BUSINESS NATURE OF INTEREST VALUE				
v c	Check here if entry is None	☐ Check here if you have attached	ed additional sheets			
ITEM 13 RSCH 15(d)(7); Rule 3.13 Revised Code of Judicial Conduct	15(d)(7); 1.13 ed Code icial GIFT(S) THAT MUST BE REPORTED UNDER RULE 3.13(c) OF THE HAWAII REVISED CODE OF JUDICIAL CONDUCT.					
	SOURCE	DESCRIPTI	ON OF GIFT	ESTIMATED VALUE		
	Check here if entry is None	Check here if you have attache	ed additional sheets			
ITEM 14 RSCH 15(d)(8) & 22(h)	FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION					
I attended 23.0 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: /s/ William M. Domingo DATE: 04/23/2018						
NOTE: This filing is not valid without a signature.						

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