

## SUPREME COURT CLERK'S OFFICE 417 SOUTH KING STREET HONOLULU, HAWAI'I 96813-2912

## FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed Supreme Court** SCFD-18-0000345 30-APR-2020 09:01 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 SHOULD 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
- F At least \$100,000 but less than \$150,000
- E At least \$50,000 but less than \$100,000
- 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	e only)			
NAME:	Comeau		Michelle		Noelani		NAME OF SPOUSE OR DOMESTIC PARTNER:	
TVAWE.	(l	LAST)	(FIRST)	(FIRST) (MIDDLE) William		William Sc	Schoen	
OFFICE	ADDRES	s: 1	111 Alakea St.				No. of Depende	
		NUMBER, STREET					(Do not include names)	
CITY OR TOWN:		Hon-	olulu zip	CODE	96813		3	
JUDICIA	L POSITIO	ON HELI	D DATE OF APPOINTMEN	NT		OFFICE PHO	ONE	
Per Die	m Jud	ge	10	)/23/2	23/201 <b>7</b> (808) 5			8-5001
CALEND	AR YEAR	R COVER	RED BY THIS DISCLOSURE: 20 <u>19</u>					
ITEM RSCH 15	1	JUDI	CIAL COMPENSATION					ANNUAL INCOME
	o(a)(1)							E
ITEM RSCH 15	2 5(d)(1)		GE'S OTHER INCOME come for services rendered exceeds \$1,000)					
		-	EMPLOYER/LAW FIRM		BUSINESS ADDRESS			ANNUALINCOME
Nakash	nima C	hing l	LLC		<b>7</b> 37 Bishop St. Ste. 2090, Hon., HI 96813		D	
The Pa	rish of	St. C	lement		1515 Wilder Ave., Honolulu, HI 96822			В
ITEM	3	INCO	ME OF SPOUSE OR DOMESTIC PARTNER AND	D DEF	PENDENT CHILDREN		7.	
RSCH 15		(if income for services rendered exceeds \$1,000)						
EMPLOYER							ANNUAL INCOME	
Microsoft Corporation						Н		

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 R	ENDERED	AMOUNT		
<b>√</b> (	Check here if entry is None	Check here if you have attached additional sheets					
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL I VALUE OF \$5,000 OR MORE OR EQU				ATE, HAVING A		
ITEM 6 RSCH 15(d)(2)	Check here if entry is None  OWNERSHIP OR BENEFICIAL INTERINAME OF BUSINESS	Check here if you	une of Business  have attached additional st  RANSFERRED DURING TH  TE OF TRANSFER	HIS DISCLOSURE PERIOD	ENTER AMOUNT OR NO. OF SHARES  OF TRANSFER		
✓ Check here if entry is None							
ITEM 7 RSCH 15(d)(3)	ITEM 7 RSCH 15(d)(3)  LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.						
NAME OF BUSINESS			TITLE AND TE	TITLE AND TERM OF OFFICE COMPENSATION (enter amount or NONE)			
Residential Y	outh Services & Empowerment		Vice-President, 2019. Board Member, 10/17-present		None		
The Parish of			Senior Warden, 1/19-present		В		
<b>√</b> (	Check here if entry is None	Check here if yo	u have attached additional sl	heets			

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ITEM 8 RSCH 15(d)(4)		OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE DIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.					
	NAME AND ADDRES	S OF CREDITOR		ORIGINAL AMOUNT OWED	AMC	OUNT OWED AT END OF YEAR	
Provident Funding, P.O. Box 5914, Santa Rosa, CA 95402						Н	
	Check here if entry is No	one Chec	ck here if you h	ave attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	I THE STATE IN WHICH IS H	IELD AN INTEI	REST WITH A FAIR MARKET VALUE OF \$	10,000 OF	R MORE.	
		POSTAL ZIP CODE OF LO	CATION			VALUE	
96821						K	
	Check here if entry is No	one Chec	ck here if you h	ave attached additional sheets			
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE O	F WHICH EXC	EEDS \$10,000. ACQUIRED DURING THE	DISCLOS	URE PERIOD.	
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON RECEIVING ISIDERATION	IG	CONSIDERATION GIVEN	
	Check here if entry is No	one Chec	ck here if you h	ave attached additional sheets			
ITEM 11 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							

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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				
<b>J</b> 0	Check here if entry is None	Check here if you have attached addi	tional sheets					
ITEM 13		Cross note in you have all assumed a all	Officer file if you have attached additional sheets					
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 HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.							
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE				
<b>✓</b> 0	Check here if entry is None	Check here if you have attached addi	itional 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:								
See attached sheets.								
CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement.								
SIGNATURE: /s	s/ Michelle N. Comeau		DATE:	4/30/2020				
NOTE: This filing is not valid without a signature.								

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