

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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

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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 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

- E At least \$50,000 but less than \$100,000
- F At least \$100,000 but less than \$150,000
- D At least \$25,000 but less than \$50,000
- 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 only)							
NAME:	Domi	ngo	William	Michael	NAME	NAME OF SPOUSE OR DOMESTIC PARTNER:	
TV WIL.	(1	_AST)	(FIRST)	(MIDDLE)	Patri	cia Carol Walsh-Domingo	
OFFICE	ADDRES	1111 Alakea Street				Dependent Children:	
		N	JMBER, STREET		(Do no	t include names)	
CITYOF	R TOWN:	Honolulu	ZIP COD	96813 E:			
JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE							
District	Judge	, First Circuit	May 18	3, 2015	(808) 538-5003		
CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2019							
ITEM RSCH 15	1	JUDICIAL COMPENSATION				ANNUAL INCOME	
KSCH I	3(4)(1)					G	
ITEM RSCH 1	2 5(d)(1)	JUDGE'S OTHER INCOME (if income for services render	ed exceeds \$1,000)				
ITEM	3		OMESTIC PARTNER AND DE	BUSINESS A	DDRESS	ANNUAL INCOME B	
RSCH 15	5(u)(1)	(if income for services render	·			ANNUAL INCOME	
Saint F	rancis	Health Care System	EMPLOYER			ANNUAL INCOME F	

SOURCE NATURE OF SERVICES RENDERED AMOUNT						
Check here if entry is None Check here if you have attached additional sheets						
Check here if entry is None Check here if you have attached additional sheets ITEM 5 RSCH 15(d)(2) Check here if you have attached additional sheets 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 OR NO. OF SE Moondance Designs LLC (spouse) Floral designs for weddi Owner C						
Check here if entry is None Check here if you have attached additional sheets						
ITEM 6 OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD RSCH 15(d)(2)						
NAME OF BUSINESS DATE OF TRANSFER VALUE OF TRANSFER						
✓ Check here if entry is None Check here if you have attached additional sheets						
EM 7 ICH 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 NONs) (enter amount or NONs)						

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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 ADDRES	SS OF CREDITOR		ORIGINAL AMO	UNT OWED	AMO	UNT OWED AT END OF YEAR	
Wells Fargo Home Mortgage 1357 Kapiolani Blvd. Ste 910				1			Ĭ,	
First Hawaiian Bank P.O. Box 3200 Hon.,HI 96847				F		F		
First Hawaiian Bank P.O. Box 3200 Hon.,HI 96847				С			Α	
Kia Motors Finance P.O. Box 660891 Dallas, TX 75266-0891				В		А		
Hawaii State	Federal Credit Ur	nion P.O. Box 30 7 2 Ho	n., HI	E		А		
	Check here if entry is N	one Chec	ck here if you h	ave attached additional s	sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	N THE STATE IN WHICH IS H	IELD AN INTE	REST WITH A FAIR MAF	RKET VALUE OF \$1	10,000 OR	MORE.	
	A.	POSTAL ZIP CODE OF LO	CATION				VALUE	
9681 7							K	
	Check here if entry is None Check here if you have attached additional sheets							
ITEM 10 RSCH 15(d)(5)							URE PERIOD.	
POSTAL ZIP CODE OF LOCATION NATURE		NATURE OF INTEREST		//E AND ADDRESS OF PERSON RECEIVING		CONSIDERATION GIVEN		
_	Check here if entry is N	one Chec	k here if you h	ave attached additional s	sheets		1	
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			
NAME AND ADDRESS OF PERSON FOR			574416711176 GG74618E74					
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			
√ (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 HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE			
	Check here if entry is None	Check here if you have attached addi	tional sheets				
ITEM 14 RSCH 15(d)(8) & 22(h)	FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
I attended 29.5 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/ William M. Domingo		DATE:	March 5, 2020			
NOTE: This filing is not valid without a signature.							

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