

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

G - At least \$150,000 but less than \$250,000

H - At least \$250,000 but less than \$500,000

## FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed Supreme Court** SCFD-16-0000358 07-APR-2020 09:53 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
- E At least \$50,000 but less than \$100,000
- 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
- F At least \$100,000 but less than \$150,000

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.

| (Type only)                                    |   |                    |           |                  |  |                      |
|--|---|--------------------|-----------|------------------|--|----------------------|
|  | rikawa  | Trish              |           | Keleana          | NAME OF SPOUSE                             | OR DOMESTIC PARTNER: |
| NAME:  | (LAST)  | (FIRST)            |           | (MIDDLE)         | Jon  |                      |
| OFFICE ADDR                                    | NUN<br>Honolulu   | MBER, STREET       | P CODE:   | 96813            | No. of Dependent CI<br>(Do not include nam |                      |
|  |   |                    |           |                  |  |                      |
| JUDICIAL POS                                   | ITION HELD  | DATE OF APPOINTME  | NT        | OFFICE PHONE     |  |                      |
| District Judg                                  | ge 5/3/17 & Circuit Judge                               | 10                 | 0/28/2019 |                  | (808) 539-4                                | 309                  |
| CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2019 |   |                    |           |                  |  |                      |
| ITEM 1   |   |                    |           |                  |  | ANNUAL INCOME        |
| RSCH 15(d)(1)                                  | JUDICIAL COMPENSATION                                   |                    |           |                  |  | G                    |
| ITEM 2<br>RSCH 15(d)(1)                        | JUDGE'S OTHER INCOME<br>(if income for services rendere | d exceeds \$1,000) |           |                  |  |                      |
|  | EMPLOYER/LAW FIRM                                       |                    | Fat:      | BUSINESS ADDRESS | 121  | ANNUALINCOME         |

| ITEM 3<br>RSCH 15(d)(1) | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000) |               |
|-------------------------|---|---------------|
| ÷.                      | EMPLOYER  | ANNUAL INCOME |
| Hartford Fire           | F   |               |
| Tano Boba Ll            | _C  | В             |

| 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 REPEATED HERE |                        |  |  |                                  |  |
|---|---|------------------------|--|--|----------------------------------|--|
|   | SOURCE  | N                      | ATURE OF SERVICES RE   | ENDERED  | AMOUNT                           |  |
|   | Check here if entry is None   | Observations if we are |  |  |                                  |  |
| ITEM 5 RSCH 15(d)(2)  | EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU  | INTEREST, HELD IN AN   |  | ON BUSINESS IN THE STA                         | ATE, HAVING A                    |  |
| <b>ITEM</b> 6 RSCH 15(d)(2)   | NAME OF BUSINESS  Check here if entry is None  OWNERSHIP OR BENEFICIAL INTER  NAME OF BUSINESS                            | Check here if you h    | RE OF BUSINESS  have attached additional shapes attached buring the same attached buring the sam | IIS DISCLOSURE PERIOD                          | ST ENTER AMOUNT OR NO. OF SHARES |  |
|   |   |                        |  |  |                                  |  |
| ✓ 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  Partners in Development Foundation  |   | TITLE AND TE           | RM OF OFFICE   | COMPENSATION<br>(enter amount or NONE)<br>None |                                  |  |
| Check here if entry is None  Check here if you have attached additional sheets  |   |                        |  |  |                                  |  |

JUD 101 (01/2020) Page 2

| ITEM 8<br>RSCH 15(d)(4)   |                          | ORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE 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 |
| Bank of Hawaii  |                          |  | Н                |                                   |                  | Н         |                         |
| Aloha Pacific   | Federal Credit U         | nion   |                  | E                                 |                  |           | Е                       |
|   |                          |  |                  |                                   |                  |           |                         |
|   |                          |  |                  |                                   |                  |           |                         |
|   |                          |  |                  |                                   |                  |           |                         |
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|   | Check here if entry is N | one Chec   | ck here if you h | ave attached additional s         | heets            |           |                         |
| ITEM 9<br>RSCH 15(d)(5)   | REAL PROPERTY IN         | N THE STATE IN WHICH IS F  | IELD AN INTE     | REST WITH A FAIR MAR              | KET VALUE OF \$1 | 10,000 OR | MORE.                   |
|   |                          | POSTAL ZIP CODE OF LO  | CATION           |                                   |                  |           | VALUE                   |
| 96734   |                          |  |                  |                                   |                  | K         |                         |
|   |                          |  |                  |                                   |                  |           |                         |
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|   | Check here if entry is N |  |                  | ave attached additional s         |                  |           |                         |
| ITEM 10<br>RSCH 15(d)(5)  | REAL PROPERTY, T         | THE FAIR MARKET VALUE O  | F WHICH EXC      | CEEDS \$10,000. ACQUIR            | ED DURING THE    | DISCLOS   | URE PERIOD.             |
| POSTAL ZIP C  | ODE OF LOCATION          | NATURE OF INTEREST   |                  | E AND ADDRESS OF PE<br>SIDERATION | ERSON RECEIVIN   | G         | CONSIDERATION GIVEN     |
|   |                          |  |                  |                                   |                  |           |                         |
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| Check here if entry is None   |                          |  |                  |                                   |                  |           |                         |
| 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  |
|   |                          |  |                  |                                   |                  |           |                         |
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JUD 101 (01/2020) Page 3

| ITEM 12<br>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           |  |  |  |
|   |  |                                       |                |                 |  |  |  |
|   |  |                                       |                |                 |  |  |  |
|   |  |                                       |                |                 |  |  |  |
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| ITEM 13<br>RSCH 15(d)(7);<br>Rule 3. 13<br>Revised Code<br>of Judicial<br>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 |  |  |  |
|   |  |                                       |                |                 |  |  |  |
|   |  |                                       |                |                 |  |  |  |
|   |  |                                       |                |                 |  |  |  |
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| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h)   | RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION  |                                       |                |                 |  |  |  |
| I attended 34 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/ Trish K. Morikawa   |                                       | DATE:          | 4/7/2020        |  |  |  |
| NOTE: This filing is not valid without a signature.   |  |                                       |                |                 |  |  |  |

JUD 101 (01/2020) Page 4