

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-18-0000373 30-APR-2020 12:16 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 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.

| | | (Тур | pe only) | 12 | | | | |
|-------------------------|---|-------------------|----------------------------|----------------|---------------------------|--|--|--|
| SHIN | MOZONO | KENNETH | JAMES | NAME OF SPO | DUSE OR DOMESTIC PARTNER: | | | |
| | LAST) | (FIRST) | (MIDDLE) | JAMIE C. | SHIMOZONO | | | |
| OFFICE ADDRE | ss: 1111 ALAKEA STREE | ET BER, STREET | | No. of Depende | | | | |
| | names) | | | | | | | |
| CITY OR TOWN: | HONOLULU | ZIP COD | 96813 | 2 | | | | |
| JUDICIAL POSIT | JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE | | | | | | | |
| DISTRICT FA | AMILY COURT JUDGE | 08/30 | /2018 | 538- | 538-5188 | | | |
| CALENDAR YEA | R COVERED BY THIS DISCLOSURE: | 20 <u>19</u> | | | | | | |
| ITEM 1 | JUDICIAL COMPENSATION | | | | ANNUAL INCOME | | | |
| RSCH 15(d)(1) | | | | | G | | | |
| ITEM 2 RSCH 15(d)(1) | JUDGE'S OTHER INCOME (if income for services rendered | exceeds \$1,000) | | | | | | |
| EMPLOYER/LAW FIRM | | | BUSINESS AL | ANNUAL INCOME | | | | |
| KENNETH J | SHIMOZONO, AAL ALC | | 1130 N. NIMITZ HWY. B-200B | | В | | | |
| | | | HONOLULU, HI 96817 | | | | | |
| | | | TIONOLULU, TII 90017 | | | | | |
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| ITEM 3 | INCOME OF SPOUSE OR DOM | | PENDENT CHILDREN | , | | | | |
| RSCH 15(d)(1) | RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) | | | | | | | |
| | ANNUAL INCOME | | | | | | | |
| STATE OF HAWAII | | | | | E | | | |
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| 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 | | N | ATURE OF SERVICES R | ENDERED | | AMOUNT |
| | | | | | | | |
| | Check here if entry is None EACH OWNERSHIP OR BENEFICIAL I | | | ave attached additional sh | | те на | VING A |
| ITEM 5 RSCH 15(d)(2) | VALUE OF \$5,000 OR MORE OR EQU | | | | | , IIA | VIIVOA |
| | NAME OF BUSINESS | | NATU | RE OF BUSINESS | NATURE OF INTERE | ST | ENTER AMOUNT OR NO. OF SHARES |
| KENNETH J. | SHIMOZONO, AAL ALC | | LEGAL SEF | RVICES | OWNERSHIP | | 100% |
| | | | | | | | |
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| | Check here if entry is None | Ch | eck here if you h | ave attached additional sh | neets | | |
| ITEM 6 RSCH 15(d)(2) | OWNERSHIP OR BENEFICIAL INTER | EST UN | DER ITEM 5 TRA | ANSFERRED DURING TH | HIS DISCLOSURE PERIOD | | |
| RSCH 15(d)(2) | NAME OF BUSINESS | | DATE OF TRANSFER | | VALUE OF TRANSFER | | |
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| (| Check here if entry is None | Ch | neck here if you h | nave attached additional sl | heets | | |
| 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 | | ERM OF OFFICE | COMPENSATION | |
| | | | | | (enter | amount or NONE) | |
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| ✓ Check here if entry is None Check here if you have attached additional sheets | | | | | | | |

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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 AMOUNT OWED | AMO | UNT OWED AT END OF YEAR | |
| WELLS FARGO-P.O. BOX 10335 - DES MOINES, IA 50306 | | | i ji | | Н | | |
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| ITEM 9 | - | | | REST WITH A FAIR MARKET VALUE OF \$ | 10 000 OF | PMORE | |
| RSCH 15(d)(5) | REAL PROPERTY II | THE STATE IN WHICH IS F | IELD AN INTE | REST WITH A FAIR MARKET VALUE OF \$ | 10,000 OF | RIVIORE. | |
| | | POSTAL ZIP CODE OF LO | CATION | | | VALUE | |
| 96816 | | | | | | К | |
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| | Check here if entry is N | one Chec | k here if you h | ave attached additional sheets | | | |
| ITEM 10 | REAL PROPERTY, T | HE FAIR MARKET VALUE O | F WHICH EXC | EEDS \$10,000. ACQUIRED DURING THE | DISCLOS | URE PERIOD. | |
| RSCH 15(d)(5) | , | | | · , | | | |
| POSTAL ZIP C | ODE OF LOCATION | NATURE OF INTEREST | | E AND ADDRESS OF PERSON RECEIVIN SIDERATION | G | CONSIDERATION GIVEN | |
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| 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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| 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 | | | |
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| √ (| 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 | | | |
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| | 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 69.0 hours of Approved Judicial Education during the reporting period. | | | | | | | |
| REMARKS: | | | | | | | |
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| See attached sheets. | | | | | | | |
| CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement. | | | | | | | |
| SIGNATURE: / | s/ Kenneth J. Shimozono | | DATE: | 04/30/2020 | | | |
| | | | | | | | |
| NOTE: This filing is not valid without a signature. | | | | | | | |

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