

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

K -\$1,000,000 or more

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

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

J - At least \$750,000 but less than \$1,000,000

I - At least \$500,000 but less than \$750,000

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

Electronically Filed Supreme Court SCFD-14-0000543 28-APR-2021 12:07 PM Dkt. 19 FDS

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
- F At least \$100,000 but less than \$150,000

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

| (Type only) | | | | | | |
|---|---------------------------------|---------------------|-------------|--------------|--------------------------------|--|
| NAME: | hford | James | Healani | NAME | OF SPOUSE OR DOMESTIC PARTNER: | |
| IVAIVIE. | (LAST) | (FIRST) | (MIDDLE) | Lisa | T. Redell | |
| OFFICE ADD | 777 Punchbowl Stree | | | | Dependent Children: | |
| | NUI | MBER, STREET | | (Do no | t include names) | |
| CITY OR TOW | N: Honolulu | ZIP COD | 96813 E: | 1 | | |
| JUDICIAL POS | SITION HELD | DATE OF APPOINTMENT | | OFFICE PHONE | | |
| Judge, Firs | t Circuit Court | 4/24/ | 2018 | 539-4012 | | |
| CALENDAR Y | EAR COVERED BY THIS DISCLOSURE: | 20 <u>20</u> | | | | |
| ITEM 1 | JUDICIAL COMPENSATION | | | | ANNUAL INCOME | |
| ITEM 1 RSCH 15(d)(1 |) JODICIAL COMPENSATION | | | | G | |
| ITEM 2 RSCH 15(d)(1 | | d exceeds \$1,000) | | | | |
| | EMPLOYER/LAW FIRM | | BUSINESS AD | DRESS | ANNUAL INCOME | |
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| ITEM 3 RSCH 15(d)(1) INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000) | | | | | | |
| | ANNUAL INCOME | | | | | |
| First Ameri | F | | | | | |
| State of Ha | В | | | | | |
| David Calli | В | | | | | |
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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 | | IATURE OF SERVICES RE | ENDERED | AMOUNT | |
| | | | | | | |
| ITEM 5 RSCH 15(d)(2) | Check here if entry is None EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU | INTEREST, HELD IN AN | | ON BUSINESS IN THE STA | TE, HAVING A | |
| See attachme | NAME OF BUSINESS | | RE OF BUSINESS | NATURE OF INTERE | ST ENTER AMOUNT OR NO. OF SHARES | |
| ☐ Check here if entry is None | | | | | | |
| ITEM 6 RSCH 15(d)(2) | OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD | | | | | |
| | NAME OF BUSINESS | DAT | E OF TRANSFER | VALUE (| OF TRANSFER | |
| ✓ Check here if entry is None | | | | | | |
| ITEM 7 RSCH 15(d)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS. | | | | | | |
| NAME OF BUSINESS First American Vacation Ownership Title & Escrow Service | | scrow Services | TITLE AND TERM OF OFFICE Chief Financial Officer | | COMPENSATION (enter amount or NONE) NONE | |
| 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 | AMC | OUNT OWED AT END OF YEAR | |
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| / (| Check here if entry is N | one Chec | ck here if you h | ave attached additional sheets | · | | |
| ITEM 9 RSCH 15(d)(5) | REAL PROPERTY IN | N THE STATE IN WHICH IS H | HELD AN INTE | REST WITH A FAIR MARKET VALUE OF | \$10,000 OF | R MORE. | |
| | | POSTAL ZIP CODE OF LO | CATION | | | VALUE | |
| 96734 | | | | | | K | |
| 96734 | | | | | | Н | |
| 96813 | | | | | | F | |
| 96748 | | | | | | Н | |
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| | 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 TH | E DISCLOS | SURE PERIOD. | |
| POSTAL ZIP CODE OF LOCATION NATURE OF INTEREST NAME AND ADDRESS OF PERSON RECEIVIL CONSIDERATION | | | | NG | CONSIDERATION GIVEN | | |
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| | Shack hare if entry is N | One Cho | ak bara if yay b | ave attached additional abouts | | | |
| Check here if entry is None Check here if you have 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 | |
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| ✓ 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 | | | |
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| | Check here if entry is None | Check here if you have attached add | tional sheets | | | | |
| | Sheek here it 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 | O 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) | EM 14 CCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION | | | | | | |
| I attended 22.5 hours of Approved Judicial Education during the reporting period. | | | | | | | |
| REMARKS: | | | | | | | |
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| See attached sheets. | | | | | | | |
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| CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement. | | | | | | | |
| SIGNATURE: / | s/ James H. Ashford | | DATE: | 4/28/2021 | | | |
| | | | | | | | |
| NOTE: This filing is not valid without a signature. | | | | | | | |

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