

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-16-0000339 23-APR-2021 07:43 AM Dkt. 14 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.

			(Тур	e only)	•		
NAME	Domi	ngo	William	Michael	ı	NAME OF SPO	USE OR DOMESTIC PARTNER:
NAME:	(I	AST)	(FIRST)	(MIDDLE)	F	Patricia C.	Walsh-Domingo
1111 Alakea Street						No. of Depender	nt Children:
				Do not include i			
CITY OR	TOWN:	Honolulu	ZIP COD	96813 E:		0	
JUDICIAL	POSITIO	ON HELD	DATE OF APPOINTMENT		OFFICE PHON	NE	
District	Judge	, First Circuit	May 18	May 18, 2015		(808) 538-5003	
CALENDA	AR YEAR	COVERED BY THIS DISCLOSURE:	20 <u>20</u>				
ITEM	1	JUDICIAL COMPENSATION					ANNUAL INCOME
RSCH 15	i(d)(1)	JUDICIAL COMPENSATION					G
ITEM RSCH 15	2 i(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered	exceeds \$1,000)			'	
		EMPLOYER/LAW FIRM		BUSINESS AD	DDRESS		ANNUAL INCOME
ITEM RSCH 15	3 (d)(1)	INCOME OF SPOUSE OR DOM (if income for services rendered		PENDENT CHILDREN			
EMPLOYER							ANNUAL INCOME
Moon Dance Designs (owner)						В	

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 RE	ENDERED	AMOUNT	
	Check here if entry is None	Check here if you have attached additional sheets				
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU				ATE, HAVING A	
	NAME OF BUSINESS	NATU	RE OF BUSINESS	NATURE OF INTERE	EST ENTER AMOUNT OR NO. OF SHARES	
✔ Check here if entry is None Check here if you have attached additional sheets						
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTER	EST UNDER ITEM 5 TR	ANSFERRED DURING TH	IIS DISCLOSURE PERIOD		
	NAME OF BUSINESS	DAT	E OF TRANSFER	VALUE	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	Charle hars if		RM OF OFFICE	COMPENSATION (enter amount or NONE)	
	Check here if entry is None	Check here if you	have attached additional sh	neets		

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ITEM 8 RSCH 15(d)(4)		S, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE REDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.				
	NAME AND ADDRESS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR			
Academy Mo	rtgage Corporation	ı	1			
	.04 Ewing, NJ 08628					
1 .O. BOX 11-	-04 Lwing, N3 00020					
	Check here if entry is None Check here	e if you have attached additional sheets				
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN THE STATE IN WHICH IS HELD A	AN INTEREST WITH A FAIR MARKET VALUE OF \$1	0,000 OR MORE.			
	POSTAL ZIP CODE OF LOCATIO	N	VALUE			
96817			K			
70017						
	check here if entry is None Check here	e if you have attached additional sheets				
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, THE FAIR MARKET VALUE OF WHI	ICH EXCEEDS \$10,000. ACQUIRED DURING THE D	DISCLOSURE PERIOD.			
POSTAL ZIP C	ODE OF LOCATION NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION	G CONSIDERATION GIVEN			
		CONSIDERATION				
Check here if entry is None						
ITEM 11 RSCH 15(d)(5) REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD.						
	DDE OF LOCATION NAME AND ADDRESS OF PER	RSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVED			
	Check here if entry is None Check here	e 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 have if you have attached addi	tional about			
	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	PORTED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.				
	SOURCE	DESCRIPTION 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 JU					
I attended3.5 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:	April 15, 2021		
NOTE: This filing is not valid without a signature.						

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