A - Less th B - At least C - At least D - At least E - At least F - At least	npleting this form plea the text of Supreme Co e following financial r	417 S HONOLU se read the instruc- ourt Rule 15. REM ange codes SHOU G - \$10,000 H - n \$25,000 I - A n \$50,000 J - A n \$100,000 K - an \$150,000	LD be used. At least \$150,000 but At least \$250,000 but t least \$500,000 but l At least \$750,000 but at least \$750,000 but	ET 3-2912 sclosure Statement, s requiring a monetary less than \$250,000 less than \$500,000 ess than \$750,000	FINA	THIS SPAC Ele Su SO 29 01	SCLOSURE STATEMENT E FOR OFFICE USE ONLY ectronically Filed preme Court CFD-20-0000323 -APR-2021 :18 PM at. 5 FDS
				e only)	I		
Johns	son	Ror	nald	G		NAME OF SPOUSE OR DOMESTIC	
NAME:(L	AST)		(FIRST)	(MIDDLE)		Lisa E. Jo	hnson
OFFICE ADDRES	1111 Alakea	Street, 4th Flo	or			No. of Depend	ent Children <sup>.</sup>
OFFICE ADDRES		NUMBER, ST	REET			(Do not include	
CITY OR TOWN:	Honolulu		ZIP COD	96813 E:	_	0	
JUDICIAL POSITIC	N HELD	DAT	E OF APPOINTMENT		OFFICE PH	IONE	
Circuit Judge,	First Circuit		10/28/	/2019		538	5170
CALENDAR YEAR	COVERED BY THIS DIS	CLOSURE: 202	20				
ITEM 1							ANNUAL INCOME
RSCH 15(d)(1)	JUDICIAL COMPEN	ISATION					G
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER I		de \$1 000)				I
1(301113(d)(1)	EMPLOYER/L/		us \$1,000)	BUSINESS	ADDRESS		ANNUAL INCOME
N/A							
ITEM 3	INCOME OF SPOU	SE OR DOMESTIC	C PARTNER AND DE	PENDENT CHILDREN			
RSCH 15(d)(1)	(if income for service	es rendered excee					
EMPLOYER Life Port Hawaii Co. Ltd.					ANNUAL INCOME B		

Page 1

SOURCE   NATURE OF SERVICES RENDERED   AMOUNT            Check here if entry is Nome         Check here if you have attached additional sheets           TEM         EACH OWNERSHIP OR BENETIONLINTEREST, TELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A       Kach downership or the BUSINESS         NAME OF BUSINESS         NATURE OF BUSINESS         NATURE OF INTEREST         ENTER AMOUNT           IFEM       0         Check here if entry is None         Check here if entry is None         Check here if entry is None         ENTER AMOUNT           IFEM       0         Ordershines         Nature of BUSINESS         Nature of Interest         ENTER AMOUNT       OR NO. OF BHARES           IFEM       0         Ordershines         Nature of BUSINESS         Nature of BUSINESS         ENTER AMOUNT           IFEM       0       Overve here if entry is None         Check here if you have attached additional absots         NAME OF BUSINESS         NATURE OF TRANSFER	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							
ITEM 6 EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A   ITEM 5 EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A   ITEM 6 NAME OF BUSINESS NATURE OF BUSINESS NATURE OF INTEREST ENTER AMOUNT OR NO. OF SHARES   ITEM 6 OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD   NAME OF BUSINESS DATE OF TRANSFER VALUE OF TRANSFER   VALUE OF BUSINESS DATE OF TRANSFER VALUE OF TRANSFER   ITEM 6 OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD NAME OF BUSINESS   NAME OF BUSINESS DATE OF TRANSFER VALUE OF TRANSFER   VALUE OF BUSINESS DATE OF TRANSFER VALUE OF TRANSFER   ITEM 6 Check here if entry is None Check here if you have attached additional sheets   ITEM 7 Check here if you have attached additional sheets ISTEM 15(0)(2)   INAME OF BUSINESS THE AND TERM OF OFFICE COMPENSATION		SOURCE	ľ	JATURE OF SERVICES RI	ENDERED	AMOUNT			
RSCH 15(0)(2) VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS. NATURE OF INTEREST ENTER AMOUNT OR NO. OF SHARES   Image: State of the state of th		Check here if entry is None	Check here if you have attached additional sheets						
ITEM 6 RSCH 15(d)(2) OR NO. OF SHARES   OR NO. OF SHARES OR NO. OF SHARES   ITEM 6 RSCH 15(d)(2) OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD   NAME OF BUSINESS DATE OF TRANSFER   VALUE OF TRANSFER VALUE OF TRANSFER   ITEM 7 RSCH 15(d)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.   TEM 7 RSCH 15(d)(3) NAME OF BUSINESS TITLE AND TERM OF OFFICE COMPENSATION									
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 COMPENSATION	ITEM 6	Check here if entry is None OWNERSHIP OR BENEFICIAL INTER	Check here if you	nave attached additional sh	ieets IIS DISCLOSURE PERIOD	OR NO. OF SHARES			
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 COMPENSATION									
RSCH 15(d)(3)   NAME OF BUSINESS   TITLE AND TERM OF OFFICE   COMPENSATION									
	RSCH 15(d)(3)								
Check here if entry is None Check here if you have attached additional sheets									

-							
ITEM 8 RSCH 15(d)(4)							
	NAME AND ADDRES	S OF CREDITOR		ORIGINAL AMOUNT OWED	AMC	UNT OWED AT END OF YEAR	
HOCU 2305 S. Beretania St., Hon. HI 96826				D		В	
Freedom Mortgage PO Box 619063 Dallas TX 75261				Н		Н	
BMW Financ	ial Services PO E	80x 3608 Dublin, OH 43	3016	С		None	
BMW Financ	ial Services PO B	ox 3608 Dublin, OH 43	3016	С		С	
FreedomRoa	ad Financial PO Bo	ox 4597 Oak Brook, IL	60522	В		В	
	Check here if entry is No	one Chec	ck here if you h	ave attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	I THE STATE IN WHICH IS F	IELD AN INTER	REST WITH A FAIR MARKET VALUE OF	\$10,000 OF	R MORE.	
		POSTAL ZIP CODE OF LO	CATION			VALUE	
96825						J	
50020						Ū	
	Check here if entry is No	one Cheo	ck here if you h	ave attached additional sheets			
ITEM 10 RSCH 15(d)(5)							
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON RECEIV SIDERATION	ING	CONSIDERATION GIVEN	
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							
Check here if entry is None Check here if you have attached additional sheets							

ITEM 12 RSCH 15(d)(6)	CREDITOR INTEREST IN INSOLVEN	T 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	15(d)(7); . 13 GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT. de Code cial						
	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)	RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
I attended 31 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/ Ronald G. Johnson		DATE:	4/29/2021			
NOTE: This filing is not valid without a signature.							