| including t amount, th A - Less th B - At leas | mpleting this form please read the he text of Supreme Court Rule 15. he following financial range codes | REMINDER: For all items | ET 3-2912 sclosure Statement, requiring a monetary less than \$250,000 less than \$500,000 | THIS SPA E S O O O O | ISCLOSURE STATEMENT CE FOR OFFICE USE ONLY Iectronically Filed upreme Court CFD-18-0000367 2-MAY-2022 3:14 AM kt. 9 FDS |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| D - At leas E - At leas F - At least | t \$10,000 but less than \$50,000 t \$50,000 but less than \$100,000 t \$100,000 but less than \$100,000 D BY ALL FULL TIME AND PER DIEM. | J - At least \$750,000 but l K -\$1,000,000 or more | | | |
| 10 02 1122 | | | e only) | | |
| Heim | | Darolyn | L. | NAME OF SE | POUSE OR DOMESTIC PARTNER: |
| NAME:(| LAST) | (FIRST) | (MIDDLE) | Ronald H | leim |
| | 1111 Alakea St. | | | | |
| OFFICE ADDRES | | BER, STREET | | No. of Depen (Do not inclu- | dent Children: de names) |
| CITY OR TOWN: | Honolulu | ZIP CODI | 96813 E: | _ 1 | |
| JUDICIAL POSITIO | ON HELD | DATE OF APPOINTMENT | | OFFICE PHONE | |
| District Judge | | 5/3/2 | 017 | (808) క | 538-5004 |
| CALENDAR YEAR | COVERED BY THIS DISCLOSURE: | 20 <u>21</u> | | | |
| ITEM 1 | | | | | ANNUAL INCOME |
| RSCH 15(d)(1) | JUDICIAL COMPENSATION | | | | G |
| ITEM 2 RSCH 15(d)(1) | JUDGE'S OTHER INCOME (if income for services rendered | exceeds \$1,000) | | | |
| | EMPLOYER/LAW FIRM | | BUSINESS | ADDRESS | ANNUAL INCOME |
| N/A | | | | | |
| ITEM 3 | INCOME OF SPOUSE OR DOM | ESTIC PARTNER AND DEP | PENDENT CHILDREN | | |
| RSCH 15(d)(1) | (if income for services rendered | exceeds \$1,000) | | | 1 |
| Merrill Lynch | | EMPLOYER | | | ANNUAL INCOME H |
| | | | | | |
| | | | | | |

Page 1

| 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 | | Ν | ATURE OF SERVICES RI | ENDERED | | AMOUNT |
| | Check here if entry is None | | | ave attached additional sh | | | ///// |
| ITEM 5 RSCH 15(d)(2) | EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU | | | | | TE, HAV | /ING A |
| ITEM 6 RSCH 15(d)(2) | NAME OF BUSINESS Check here if entry is None OWNERSHIP OR BENEFICIAL INTER NAME OF BUSINESS | | eck here if you h DER ITEM 5 TRA | ANSFERRED DURING TH | | | ENTER AMOUNT OR NO. OF SHARES |
| | | | | | | | |
| | | | | | | | |
| | Check here if entry is None | Che | eck here if you h | ave attached additional sh | eets | | |
| ITEM 7 RSCH 15(d)(3) | | | | | | | |
| | NAME OF BUSINESS | | | TITLE AND TE | RM OF OFFICE | | PENSATION amount or NONE) |
| | Check here if entry is None | Che | eck here if you h | ave attached additional sh | eets | | |

| 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 ADDRESS OF CREDITOR | ORIGINAL AMOUNT OWED | AMOUNT OWED AT END OF YEAR | | |
| Chase United | d Mileage Plus | С | C | | |
| Chase Amaz | - | В | В | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Check here if entry is None Check here if you have attached additional sheets | | | | | |
| ITEM 9 RSCH 15(d)(5) | | | | | |
| POSTAL ZIP CODE OF LOCATION | | | VALUE | | |
| 96817 | | | 1 | | |

| 33760 | | |
|-------|--|--|
| 33908 | | |
| 32059 | | |

I F Н С

| Check here if entry is None Check here if you have attached additional sheets | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------|------------------------|--|--|
| ITEM 10 RSCH 15(d)(5) REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. ACQUIRED DURING THE DISCLOSURE PERIOD. | | | | | | |
| POSTAL ZIP CODE OF LOCATION | | NATURE OF INTEREST | NATURE OF INTEREST NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION | | | |
| 33908 | | Condo Fee | James & Denise Goephich 17566 Boat Club Dr. | Н | | |
| | | | Fort Myers, FL 33908 | | | |
| | | | | | | |
| Check here if entry is None Check here if you have attached additional sheets | | | | | | |
| ITEM 11 RSCH 15(d)(5) | | | | | | |
| POSTAL ZIP CO | ODE OF LOCATION | NAME AND ADDRESS C | F PERSON FURNISHING CONSIDERATION | CONSIDERATION RECEIVED | | |
| 33760 | | James & Ada Lynn F | F | | | |
| | | Clearwater, FL 33760 | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | Check here if entry is None Check here if you have attached additional sheets | | | | | |

| 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 here if you have attached addit | ional sheets | | | |
| ITEM 13 RSCH 15(d)(7); Rule 3. 13 | | UNDER RULE 3. 13(c) OF THE HAWAI'I RE | | | | |
| Revised Code of Judicial Conduct | | | | | | |
| | SOURCE | DESCRIPTIO | N OF GIFT | ESTIMATED VALUE | | |
| | | | | | | |
| Senator Shar | on Moriwaki | Book - "No Way Home - The Crisis of Homelessness" | | \$25.99 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Check here if entry is None | Check here if you have attached addit | ional sheets | | | |
| ITEM 14 RSCH 15(d)(8) & 22(h) | RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION | | | | | |
| I attended | I attended <u>19</u> 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/ Darolyn L. Heim DATE | | | | 5/2/2022 | | |

NOTE: This filing is not valid without a signature.

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