

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-21-0000282 05-APR-2022 10:06 AM Dkt. 5 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 K -\$1,000,000 or more
- F At least \$100,000 but less than \$150,000

I - At least \$500,000 but less than \$750,000 J - At least \$750,000 but less than \$1,000,000

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

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

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

(Type only) Karin NAME OF SPOUSE OR DOMESTIC PARTNER: Holma Liisa NAME: (LAST) (FIRST) (MIDDLE) Francis M. Anderson III 1111 Alakea Street No. of Dependent Children: OFFICE ADDRESS: (Do not include names) NUMBER, STREET Honolulu 96813 CITY OR TOWN: ZIP CODE: 0 JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE Full time district court judge 11/16/2020 5385033 CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021 ANNUAL INCOME ITEM 1 RSCH 15(d)(1) JUDICIAL COMPENSATION G JUDGE'S OTHER INCOME ITEM RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) EMPLOYER/LAW FIRM **BUSINESS ADDRESS** ANNUAL INCOME N/A INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN ITEM RSCH 15(d)(1) (if income for services rendered exceeds \$1.000) **EMPLOYER** ANNUAL INCOME N/A

NAA Check here if entry is None	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 H RE						
ITEM 5 RSCH 15(d)(2) EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS. NAME OF BUSINESS NATURE OF INTEREST ENTER AMOUNT OR NO. OF SHARES	N/A			NATURE OF SERVICES RENDERED				
ITEM 5 RSCH 15(d)(2) EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS. NAME OF BUSINESS NATURE OF INTEREST ENTER AMOUNT OR NO. OF SHARES								
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N/A Check here if entry is None Check here if you have attached additional sheets						TE, HAVING A		
TEM 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 N/A		NAME OF BUSINESS	NATUI	RE OF BUSINESS	NATURE OF INTERES			
ITEM 6 RSCH 15(d)(2) NAME OF BUSINESS DATE OF TRANSFER VALUE OF TRANSFER N/A N/A	N/A							
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NAME OF BUSINESS DATE OF TRANSFER VALUE OF TRANSFER N/A								
N/A								
Check here if entry is None Check here if you have attached additional sheets	N/A	NAME OF BUSINESS	DATE	OF TRANSFER	VALUE	OF TRANSFER		
Check here if entry is None Check here if you have attached additional sheets								
✓ Check here if entry is None								
Check here if entry is None ☐ Check here if you have attached additional sheets								
Check here if entry is None Check here if you have attached additional sheets								
	Check here if entry is None ☐ Check here if you have attached additional sheets							
ITEM 7 RSCH 15(d)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.	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 (enter amount or NONE)	- · · (// · /	NAME OF BUSINESS	TITLE AND TE					
N/A	N/A					(enter amount of NONE)		
✓ Check here if entry is None Check here if you have attached additional sheets		heck here if entry is None	Check here if you h	ave attached additional she	eets			

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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	S OF CREDITOR		ORIGINAL AMOUNT OWED	AMO	UNT OWED AT END OF YEAR		
Bank of Hawaii			1		F			
MBFC				D		С		
	Check here if entry is No	one Che	ck here if you b	ave attached additional sheets				
ITEM 9			-	REST WITH A FAIR MARKET VALUE OF	\$10.000 OR	MORE.		
RSCH 15(d)(5)	-				,			
96821		POSTAL ZIP CODE OF LC	CATION			VALUE K		
96814								
90014						Н		
Check here if entry is None Check here if you have attached additional sheets								
ITEM 10 RSCH 15(d)(5)								
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		IE AND ADDRESS OF PERSON RECEIVING	NG	CONSIDERATION GIVEN		
N/A								
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.								
POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION						CONSIDERATION RECEIVED		
N/A								
	Check here if entry is No	one Che	ck here if you h	ave 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						
N/A							
/	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	DESCRIPTIO	N OF GIFT	ESTIMATED VALUE			
N/A							
✓ Check here if entry is None							
ITEM 14 RSCH 15(d)(8) & 22(h) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION							
I attended13.0 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/ Karin L. Holma DATE: 4/5/2022							
NOTE: This filing is not valid without a signature.							

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