

## 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-22-0000270 14-APR-2022 12:21 PM Dkt. 1 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
- G At least \$150,000 but less than \$250,000
- H At least \$250,000 but less than \$500,000
- I At least \$500,000 but less than \$750,000 J - At least \$750,000 but less than \$1,000,000
- K -\$1,000,000 or more

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

(Type only)							
NAME:	: Ireland (LAST)		Erika	E.	NAME OF SPOUSE OR DOMESTIC PARTNER:		
IVAIVIL.			(FIRST)	(MIDDLE) Ral		Ralph Wolters, aka Rolf Wolters	
055105		0	1188 Bishop Street, Suite 3105		No. of Depende	nt Children:	
OFFICE ADDRES		S: _				(Do not include names)	
CITY OR TOWN:		Ho	nolulu ZIP COI	96813 DE:	1		
JUDICIA	AL POSITIO	ON HE	ELD DATE OF APPOINTMENT	OFFICE P	HONE		
District	Court	Per	Diem Judge April 1	, 2021	(808) 256-4605		
CALENI	CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021						
ITEM	1	JUDICIAL COMPENSATION				ANNUAL INCOME	
RSCH 1	5(d)(1)		OBJOINE COMMENTON			D	
ITEM RSCH 1	2 5(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)					
EMPLOYER/LAW FIRM				BUSINESS ADDRESS		ANNUAL INCOME	
Erika E	E. Irelar	nd, I	=sq.	PO Box 2718, Honolulu, HI 9680	3	Е	
ITEM RSCH 1	3 5(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)					
			EMPLOYER			ANNUAL INCOME	
Inveted	ch, Inc.					G	

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	N	ATURE OF SERVICES (	RENDERED	AMOUNT		
<b>~</b> (	Check here if entry is None		Check here if you have attached additional sheets				
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL INT VALUE OF \$5,000 OR MORE OR EQUAL				TE, HAVING A		
	NAME OF BUSINESS	NATUI	RE OF BUSINESS	NATURE OF INTERES	ST ENTER AMOUNT OR NO. OF SHARES		
Erika E. Irelar	nd, Esq.	Legal Service	es	Sole Proprietor	100%		
ITEM 6	Check here if entry is None [		ave attached additional s				
RSCH 15(d)(2)	NAME OF BUSINESS	DATE	OF TRANSFER	VALUE OF TRANSFER			
✓ 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.						
	NAME OF BUSINESS			ERM OF OFFICE	COMPENSATION (enter amount or NONE)		
✓ Check here if entry is None Check here if you have attached additional sheets							

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	T CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE RIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.						
NAME AND ADDRES	S OF CREDITOR		ORIGINAL AMOUNT OWED C	AMC	B B		
Check here if entry is No	one Che	ck here if you ha	ave attached additional sheets				
REAL PROPERTY IN	THE STATE IN WHICH IS I	HELD AN INTER	REST WITH A FAIR MARKET VALUE OF	\$10,000 OF	R MORE.		
POSTAL ZIP CODE OF LOCATION  POSTAL ZIP CODE OF LOCATION  Check here if entry is None  Check here if you have attached additional sheets  ITEM 10 RSCH 15(d)(5)  POSTAL ZIP CODE OF LOCATION  NATURE OF INTEREST  NAME AND ADDRESS OF PERSON RECEIVING  CONSIDERATION GIVEN							
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.							
ODE OF LOCATION					CONSIDERATION RECEIVED		
	Check here if entry is Not REAL PROPERTY, TO CODE OF LOCATION  Check here if entry is Not REAL PROPERTY, TO CODE OF LOCATION	PERIOD. LIST CREDIT CARD DEBT THAT EXCI NAME AND ADDRESS OF CREDITOR  Check here if entry is None  Check here if entry is None  Check here if entry is None  REAL PROPERTY, THE FAIR MARKET VALUE OF INTEREST  Check here if entry is None  NATURE OF INTEREST  Check here if entry is None  NAME AND ADDRESS OF CREDITOR  NAME AND ADDRESS OF CREDITO	Check here if entry is None	PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.  NAME AND ADDRESS OF CREDITOR  Check here if you have attached additional sheets  REAL PROPERTY IN THE STATE IN WHICH IS HELD AN INTEREST WITH A FAIR MARKET VALUE OF STALL ZIP CODE OF LOCATION  POSTAL ZIP CODE OF LOCATION  Check here if you have attached additional sheets  REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. ACQUIRED DURING THE CONSIDERATION  NATURE OF INTEREST  NAME AND ADDRESS OF PERSON RECEIVED.  Check here if entry is None  Check here if you have attached additional sheets  REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. TRANSFERRED DURING THE CONSIDERATION  Check here if entry is None  Check here if you have attached additional sheets  REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. TRANSFERRED DURING THE CONSIDERATION  NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION  NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION	PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.  NAME AND ADDRESS OF CREDITOR    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			
<b>/</b> (	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	D UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.					
	SOURCE	DESCRIPTION	ESTIMATED VALUE				
	Check here if entry is None	Check here if you have attached addit	ional sheets				
ITEM 14 RSCH 15(d)(8) & 22(h)							
I attended							
REMARKS:							
See attached sheets.							
CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement.							
SIGNATURE: /	s/ Erika E. Ireland		DATE:	04/14/2022			
NOTE: This filing is not valid without a signature.							

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