

SUPREME COURT CLERK'S OFFICE 417 SOUTH KING STREET HONOLULU, HAWAI'I 96813-2912

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

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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

Electronically Filed Supreme Court SCFD-16-0000205 03-MAR-2022 04:43 PM Dkt. 13 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

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

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

McWhinnie James Cullen NAME OF SPOUSE OR DOMESTIC PARTNER: Stacey T. McWhinnie Stacey T. McWhinnie No. of Dependent Children: (Do not include names) JUDICIAL POSITION HELD Date of APPOINTMENT District Court Judge CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021			(Тур	e only)			
NAME:	McV	/hinnie			NAME OF SPO	OUSE OR DOMESTIC PARTNER:	
OFFICE ADDRESS: 1111 Alakea Street, 8th Floor No. of Dependent Children: (Do not include names)	NAME:				Stacev T	「 McWhinnie	
OFFICE ADDRESS: NUMBER, STREET Honolulu ZIP CODE: 96813 0 JUDICIAL POSITION HELD DATE OF APPOINTMENT District Court Judge 12/17/2015 OFFICE PHONE CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021		1111 Alakea Street. 8	3th Floor				
JUDICIAL POSITION HELD DATE OF APPOINTMENT District Court Judge CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021	OFFICE ADDRES	SS:	: No. of Dep				
District Court Judge 12/17/2015 8085385008 CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021	CITY OR TOWN:	Honolulu	ZIP CODI	96813 E:	0		
CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021	JUDICIAL POSIT	ION HELD	DATE OF APPOINTMENT		OFFICE PHONE		
	CALENDAR YEA	R COVERED BY THIS DISCLOSURE:	20 <u>21</u>				
ITEM 1 HUDICIAL COMPENSATION	ITEM 1	IUDICIAL COMPENSATION				ANNUAL INCOME	
RSCH 15(d)(1) JUDICIAL COMPENSATION G	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)			ed exceeds \$1,000)				
EMPLOYER/LAW FIRM BUSINESS ADDRESS ANNUAL INCOME		ANNUAL INCOME					
Not Applicable 0	Not Applicable					0	
ITEM 3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN RSCH 15(d)(1) (if income for services rendered exceeds \$1,000)				PENDENT CHILDREN			
EMPLOYER ANNUAL INCOME			EMPLOYER			ANNUAL INCOME	
Not Applicable 0	Not Applicable	le				0	

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						
	SOURCE	NATURE OF SERVICES RENDERED			AMOUNT		
None							
	Check here if entry is None			ave attached additional she			(1) (2)
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL I VALUE OF \$5,000 OR MORE OR EQU					(IE, HA)	/ING A
	NAME OF BUSINESS		NATU	RE OF BUSINESS	NATURE OF INTERE	ST	ENTER AMOUNT OR NO. OF SHARES
None							
Check here if entry is None Check here if you have attached additional sheets							
ITEM 6 RSCH 15(d)(2)							
None	NAME OF BUSINESS		DATE	OF TRANSFER	VALUE	OF TRA	NSFER
None							
✓ Check here if entry is None							
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			PENSATION amount or NONE)	
None						(Critici	amount of NONE)
✓ Check here if entry is None Check here if you have attached additional sheets							

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ITEM 8 RSCH 15(d)(4)		IST 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.						
Central Pacif	NAME AND ADDRES	ss of creditor 135010, Honolulu, HI	96801	ORIGINAL AMOUNT OWED F	AMO	UNT OWED AT END OF YEAR F		
	Check here if entry is None Check here if you have attached additional sheets							
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS F	HELD AN INTER	REST WITH A FAIR MARKET VALUE OF S	\$10,000 OF	R MORE.		
00704 4545		POSTAL ZIP CODE OF LC	CATION			VALUE		
96734-4545						К		
	Check here if entry is No	one Che	ck here if you ha	ave attached additional sheets				
ITEM 10 RSCH 15(d)(5)								
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON RECEIVIN	IG	CONSIDERATION GIVEN		
None								
✓ 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.								
						CONSIDERATION RECEIVED		
None								
	Nearly leaves if the second		-1-1					
/	Check here if entry is No	ль Che	un niere ir you na	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.							
None	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 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.							
None	SOURCE	DESCRIPTION	N OF GIFT	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)	RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION							
I attended 4.5 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/ James Cullen McWhinnie DATE:								
NOTE: This fi	NOTE: This filing is not valid without a signature							
NOTE: This filing is not valid without a signature.								

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