

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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

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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.

| Mitsuyama Dyan Keiko (LAST) (FIRST) (MIDDLE) Van Bruce K. Ohumukini No. of Dependent Children: (Do not include names) OFFICE ADDRESS: Honolulu ZIP CODE: 96813 | RTNER: | | | | |
|---|------------------------|--|--|--|--|
| (LAST) (FIRST) (MIDDLE) Van Bruce K. Ohumukini 733 Bishop Street Suite 2500 OFFICE ADDRESS: NUMBER, STREET Honolulu ZIP CODE: 96813 0 | | | | | |
| OFFICE ADDRESS: NUMBER, STREET NUMBER, STREET No. of Dependent Children: (Do not include names) No. of Dependent Children: (Do not include names) | | | | | |
| NUMBER, STREET (Do not include names) CITY OR TOWN: Phonolulu ZIP CODE: 0 | | | | | |
| CITY OR TOWN: ZIP CODE: U | (Do not include names) | | | | |
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| JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE | | | | | |
| Per Diem Judge 10/1/2020 8085457035 | | | | | |
| CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021 | | | | | |
| ITEM 1 RSCH 15(d)(1) JUDICIAL COMPENSATION | OME | | | | |
| RSCH 15(d)(1) ENDATION E | | | | | |
| ITEM 2 RSCH 15(d)(1) JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) | | | | | |
| EMPLOYER/LAW FIRM BUSINESS ADDRESS ANNUAL INCO | OME | | | | |
| Mitsuyama & Rebman, LLLC 733 Bishop Street Suite 2500 G | | | | | |
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| ITEM 3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN | | | | | |
| RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) | | | | | |
| EMPLOYER ANNUAL INCO | OME | | | | |
| City & County of Honolulu | | | | | |
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| 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 F | RENDERED | AMOUNT |
| | Check here if entry is None | Check here if you ha | ave attached additional sl | neets | |
| ITEM 5 RSCH 15(d)(2) | EACH OWNERSHIP OR BENEFICIAL IN VALUE OF \$5,000 OR MORE OR EQUA | | | | TE, HAVING A |
| NAME OF BUSINESS Mitsuyama & Rebman, LLLC | | NATUI | RE OF BUSINESS | NATURE OF INTERES | ENTER AMOUNT OR NO. OF SHARES 0 |
| | Check here if entry is None | Check here if you h | ave attached additional sh | neets | |
| ITEM 6 OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD | | | | | |
| RSCH 15(d)(2) | NAME OF BUSINESS | DATE | OF TRANSFER | VALUE (| OF TRANSFER |
| | Check here if entry is None | Check here if you h | ave attached additional s | heets | |
| ITEM 7 RSCH 15(d)(3) | | | | | |
| [7] | NAME OF BUSINESS | Charlibra 1 | | ERM OF OFFICE | COMPENSATION (enter amount or NONE) |
| ~ (| Check here if entry is None | Check here if you h | ave attached additional s | heets | |

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| ITEM 8 RSCH 15(d)(4) | | | | | | | |
|--|---------------------------|-------------------------|-------------------|------------------------------------|-----------------|------------|------------------------|
| | NAME AND ADDRES | S OF CREDITOR | | ORIGINAL AMOU | NT OWED | AMOU | NT OWED AT END OF YEAR |
| First Hawaiia | ın Bank | | | G | | | G |
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| | Check here if entry is No | one Chec | ck here if you ha | ave attached additional she | ets | | |
| ITEM 9 RSCH 15(d)(5) | REAL PROPERTY IN | THE STATE IN WHICH IS F | HELD AN INTER | REST WITH A FAIR MARKI | ET VALUE OF \$1 | 0,000 OR M | MORE. |
| | | POSTAL ZIP CODE OF LO | CATION | | | | VALUE |
| 96819 | | | | | | | J |
| 96776 | | | | | | | K |
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| 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 | | E AND ADDRESS OF PER SIDERATION | SON RECEIVING | 6 | CONSIDERATION GIVEN |
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| | Check here if entry is No | one Che | ck here if you ha | ave attached additional she | ets | | |
| ITEM 11 | DEAL DRODERTY T | HE FAIR MARKET VALUE O | | | | THE DISOLO | OSLIDE DEDIOD |
| RSCH 15(d)(5) | REAL PROPERTY, I | HE FAIR WARRET VALUE O | F WHICH EXC | EEDS \$10,000, TRANSFE | RRED DURING I | HE DISCLO | JSURE PERIOD. |
| POSTAL ZIP C | ODE OF LOCATION | NAME AND ADDRESS (| OF PERSON FL | JRNISHING CONSIDERAT | TON | | CONSIDERATION RECEIVED |
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| | Check here if entry is No | one Che | ck here if you ha | ave attached additional she | ets | | |

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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 | VALUE | | | | |
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| | 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 | | | |
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| | heck here if entry is None | Check here if you have attached addit | tional sheets | | | | |
| ITEM 14 RSCH 15(d)(8) & 22(h) | FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION | | | | | | |
| I attendedhours of Approved Judicial Education during the reporting period. | | | | | | | |
| REMARKS: | | | | | | | |
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| See attached sheets. | | | | | | | |
| CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement. | | | | | | | |
| SIGNATURE: / | s/ Dyan K. Mitsuyama | | DATE: | 4/2/2022 | | | |
| | | | | | | | |
| NOTE: This filing is not valid without a signature. | | | | | | | |

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