

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

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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

Electronically Filed Supreme Court SCFD-15-0000312 19-APR-2022 05:31 PM Dkt. 17 EXH

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
- 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:	MONTALBANO		John	Alberto	NAME OF SPOUSE OR DOMESTIC PARTNER:		
INAIVIL.		LAST)	(FIRST)	(MIDDLE)			
OFFICE	: ADDRES	P.O. Box 23573	9		No. of Depende	ent Children:	
			NUMBER, STREET			(Do not include names)	
CITY OF	R TOWN:	Honolulu	ZIP COD	96823 DE:			
ILIDICIA	L POSITION	ON HELD	DATE OF APPOINTMENT	OFFICE F	PHONE		
		Judge - Per Diem	January 2		8-5001		
				-1, 2011			
CALEND	OAR YEAR	COVERED BY THIS DISCLO	DSURE: 20 <u>21</u>				
ITEM RSCH 1	1	JUDICIAL COMPENSA	TION			ANNUAL INCOME	
	3(u)(1)					С	
ITEM RSCH 1	2 5(d)(1)	JUDGE'S OTHER INCO	DME endered exceeds \$1,000)				
		EMPLOYER/LAW	FIRM	BUSINESS ADDRESS		ANNUAL INCOME	
Depart	ment c	f Defense		Ft, Shafter Flats, Honolulu		F	
J. Mon	talband	o, Esq.		P.O. Box 235739, Honolulu		С	
		I					
ITEM RSCH 15	3 5(d)(1)		OR DOMESTIC PARTNER AND DE endered exceeds \$1,000)	PENDENT CHILDREN			
			EMPLOYER			ANNUAL INCOME	

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 RE	ENDERED		AMOUNT	
	Check here if entry is None	Check here if you have attached additional sheets						
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL I VALUE OF \$5,000 OR MORE OR EQU					IE, HA	VING A	
ITEM 6 RSCH 15(d)(2)	Check here if entry is None OWNERSHIP OR BENEFICIAL INTER NAME OF BUSINESS		e if you h	ave attached additional she	IS DISCLOSURE PERIOD		ENTER AMOUNT OR NO. OF SHARES	
	No ali legge if gates in Naga		- if l					
✓ 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	Chack hor	e if vou h		RM OF OFFICE		PENSATION 'amount or NONE)	
	Check here if entry is None	Check her	e it you h	ave attached additional she	eets			

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ITEM 8 RSCH 15(d)(4)		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	SS OF CREDITOR		ORIGINAL AMOUNT OWE	ED AMO	OUNT OWED AT END OF YEAR	
NelNet Stude	ent Loan Svc, Oma			E		D	
71011101 01441	5/11 20d/1 010, O/11	ana, 112	_		5		
	Check here if entry is No	one Che	ck here if you h	ave attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	N THE STATE IN WHICH IS I	HELD AN INTER	REST WITH A FAIR MARKET VALU	JE OF \$10,000 OF	R MORE.	
	I	POSTAL ZIP CODE OF LO	CATION			VALUE	
		. 001/12211 0052 01 20				V/ 1202	
	Check here if entry is No	one Che	ck here if you ha	ave attached additional sheets			
ITEM 10	REAL PROPERTY, T	HE FAIR MARKET VALUE (OF WHICH EXC	EEDS \$10,000. ACQUIRED DURIN	NG THE DISCLOS	SURE PERIOD.	
RSCH 15(d)(5)	,	T.					
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON RE	CEIVING	CONSIDERATION GIVEN	
			CON	SIDERATION			
	Check here if entry is None ☐ Check here if you have attached additional sheets						
ITEM 11 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE C	F WHICH EXC	EEDS \$10,000, TRANSFERRED D	URING THE DISC	CLOSURE PERIOD.	
POSTAL ZIP C	ODE OF LOCATION	NAME AND ADDRESS (OF PERSON FL	JRNISHING CONSIDERATION		CONSIDERATION RECEIVED	
	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	VALUE					
	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	AT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
	SOURCE	DESCRIPTIO	N OF GIFT	ESTIMATED VALUE				
	theck 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 attended 4.0 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/ J. Montalbano		DATE:	April 14, 2022				
NOTE: This filling is not valid without a signature.								

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