

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-22-0000305 29-APR-2022 09:34 AM 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
- F At least \$100,000 but less than \$150,000
- E At least \$50,000 but less than \$100,000
- 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)					
Park	Shanlyn	Shanlyn A. S. NAME OF SPO		JSE OR DOMESTIC PARTNER:	
	AST) (FIRST)	(MIDDLE)	Ku'uhaku T	. Park	
OFFICE ADDRES	1111 Alakea Street OFFICE ADDRESS: No. of Depen				
	NUMBER, STREET (Do not include			names)	
CITY OR TOWN:	Honolulu zip cor	96813 DE:	2		
JUDICIAL POSITION	N HELD DATE OF APPOINTMENT	OFFICE PHO	ONE		
First Circuit C	ourt Judge Decembe	r 16, 2021	808 538 5311		
CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021					
ITEM 1	JUDICIAL COMPENSATION			ANNUAL INCOME	
RSCH 15(d)(1)	COSION E COM ENGLISHEN			G	
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)		·		
	EMPLOYER/LAW FIRM	BUSINESS ADDRESS		ANNUAL INCOME	
Gallagher Ka	e Amai & Reyes	745 Fort St. Mall, Ste. 1550, Hono	lulu	F	
McCorriston Miller Mukai MacKinnon		P.O. Box 2800, Honolulu		С	
ITEM 3 RSCH 15(d)(1) INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)					
	EMPLOYER			ANNUAL INCOME	
Matson, Inc.				Н	

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 RI	ENDERED	AMOUNT	
•	Check here if entry is None	Check here if you h	ave attached additional sh	eets		
ITEM 5 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	NATU	RE OF BUSINESS	NATURE OF INTERE	EST ENTER AMOUNT OR NO. OF SHARES	
Matson, Inc.		Transportati	on	Common Stock	К	
Morgan Stanl	ey (Retirement/Education Accounts	6) Mutual Fund	ds	Shares	Н	
Fidelity (Retire	ement Account)	Mutual Fund	ds	Shares	Н	
Kobo Wealth Conservancy (Retirement Accounts)		s) Mutual Fund	Mutual Funds Shares		н	
Check here if entry is None Check here if you have attached additional sheets						
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTERES	T UNDER ITEM 5 TRA	ANSFERRED DURING TH	IIS DISCLOSURE PERIOD		
	NAME OF BUSINESS	DATE	E OF TRANSFER	VALUE	OF TRANSFER	
	Check here if entry is None	Check here if you h	ave attached additional sh	eets		
Check here if entry is None						
RSCH 15(d)(3)	NAME OF BUSINESS	IIF, INUSTEESHIF C			COMPENSATION	
					(enter amount or NONE)	
Matson, Inc. (Spouse) American Maritime Partnership (Spouse)			Senior Vice President President (Dec. 2020-Dec. 2023)		H None	
Hawaii Chamber of Commerce (Spouse)			Chair (Oct. 2021-Oct. 2023)		None	
Institute of Human Services (Spouse)			Director (2011-2023)		None	
Blood Bank of Hawaii (Spouse)			Trustee (2016-2024)		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) 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	SS OF CREDITOR		ORIGINAL AMOUNT O	WED A	MOUNT OWED AT END OF YEAR
Bank of Hawaii P.O. Box 71160, Honolulu, HI 96807		G		F		
USAA 9800 Fredericksburg Road San Antonio, TX 78288		D		В		
Le Jardin Ac	ademy			С		В
University of	San Diego			E		С
	Check here if entry is No	one Chec	ck here if you h	ave attached additional sheets		
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	N THE STATE IN WHICH IS F	IELD AN INTE	REST WITH A FAIR MARKET VA	ALUE OF \$10,000	OR MORE.
		POSTAL ZIP CODE OF LO	CATION			VALUE
96734						K
	Check here if entry is No	one Chec	ck here if you h	ave attached additional sheets		
ITEM 10 REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. ACQUIRED DURING THE DISCLOSURE PERIOD.						
RSCH 15(d)(5)	,	T	1	,		
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON SIDERATION	RECEIVING	CONSIDERATION GIVEN
Check here if entry is None ☐ Check here if you have attached additional sheets						
ITEM 11 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 C					CONSIDERATION RECEIVED	
	Check here if entry is No	one Chec	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		
	Check here if entry is None	Check here if you have attached addit	tional 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		
	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 attended	0 hours of Approved Judicial	Education during the reporting period				
I attended0 hours of Approved Judicial Education during the reporting period.						
REMARKS: As I was sworn in on December 16, 2021, I was not required to complete Judicial Education during the reporting period.						
See attached sheets.						
CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement.						
SIGNATURE: /s/ Shanlyn A. S. Park DATE: April 29						
NOTE: This fi	ling is not valid without a signature.					

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Financial Disclosure Statement 2021

Attachment(s)

Submitted by: Shanlyn A. S. Park

Attachment to 2021 Financial Disclosure Statement for Shanlyn A. S. Park

Item 7:

Name of Business	Title and Term of Office	Compensation
YMCA Honolulu (Spouse)	Director (2021-2025)	None
St. Francis Health Care	Director (2017-2026)	None
(Spouse)		