

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

FINANCIAL DISCLOSURE

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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.

(Type only)								
NAME:	Catal	do		Lisa	Williams		NAME OF SPOUSE OR DOMESTIC PARTNER:	
NAIVIL.	(LAST)			(FIRST)				
OFFICE	ADDRES		7 Punchbowl St.				No. of Depende	ent Children:
OFFICE	ADDITEO	E55: N		BER, STREET			(Do not include	
CITY OR	TOWN:	Honol	lulu	ZIP COD	96813 E:			
JUDICIAL	L POSITIO	N HELD		DATE OF APPOINTMENT		OFFICE PHO	DNE	
Judge				1/5/2	020		538-	5119
CALEND	AR YEAR	COVERE	D BY THIS DISCLOSURE:	20 <u>23</u>				
ITEM RSCH 15	1 5(d)(1)	JUDICI	AL COMPENSATION					ANNUAL INCOME G
ITEM RSCH 15	2 5(d)(1)		E'S OTHER INCOME me for services rendered	exceeds \$1,000)				
None		EI	MPLOYER/LAW FIRM		BUSINESS A	DDRESS		ANNUAL INCOME
ITEM RSCH 15	3 5(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)						
N/A				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
∠ C	Check here if entry is None	Check her	e if you h	ave attached additional sh	eets		
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL IN VALUE OF \$5,000 OR MORE OR EQUA	NTEREST, HEL AL TO 10% OF	T, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A % OF THE OWNERSHIP OF THE BUSINESS.				
	NAME OF BUSINESS		NATU	RE OF BUSINESS	NATURE OF INTERES	ST	ENTER AMOUNT OR NO. OF SHARES
Fidelity Retire	ment Accounts (2)	Mutu	ıal Fund	ds	Shares		K
Fidelity Invest	tment Account	Mutu	ıal Fund	ds	Shares		I
See Attachme	ent	Stock	Stocks		Shareholder		
☐ Check here if entry is None				eets			
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTERE	ST UNDER ITE	EM 5 TRA	ANSFERRED DURING TH	IS DISCLOSURE PERIOD		
DOOLIGION II	NAME OF BUSINESS			E OF TRANSFER	VALUE		NSFER
DOCUSIGN INC. SEA LIMITED AMERICAN			12/26/2023 12/26/2023			Α	
	AMERICAN						
NVCR			12/26/2023			В	
TELEDOC HEALTH INC.				2/26/2023			
SVB FINANCIAL GROUP			12/27/2023			A	
ITEM 7	Check here if entry is None LIST EACH OFFICERSHIP, DIRECTOR:			R OTHER FIDUCIARY RE		' BI ISINI	ESS
RSCH 15(d)(3) NAME OF BUSINESS			1		RM OF OFFICE		PENSATION
							amount or NONE)
~ C	✓ Check here if entry is None						

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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 OWE	D AMC	OUNT OWED AT END OF YEAR		
	Check here if entry is N	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 F	IELD AN INTER	REST WITH A FAIR MARKET VALU	E OF \$10,000 OR	MORE.		
00704		POSTAL ZIP CODE OF LO	CATION			VALUE		
96734						К		
	Check here if entry is No	one Che	ck here if you h	ave attached additional sheets	'			
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, 1	THE FAIR MARKET VALUE C	F WHICH EXC	EEDS \$10,000. ACQUIRED DURIN	IG THE DISCLOS	URE PERIOD.		
POSTAL ZIP CODE OF LOCATION		NATURE OF INTEREST		E AND ADDRESS OF PERSON RE SIDERATION	CEIVING	CONSIDERATION GIVEN		
✓ Check here if entry is None								
ITEM 11 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE O	F WHICH EXC	EEDS \$10,000, TRANSFERRED D	URING THE DISC	LOSURE PERIOD.		
POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION					CONSIDERATION RECEIVED			
	Check here if entry is N	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 addi	tional sheets				
ITEM 13	<u> </u>	<u> </u>					
RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct	GIFT(S) THAT MUST BE REPORTED	GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.					
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE			
_	Check here if entry is None	Check here if you have attached addi	tional sheets				
ITEM 14 RSCH 15(d)(8) & 22(h)							
I attended hours of Approved Judicial Education during the reporting period.							
REMARKS:							
See attached sheets.							
CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.							
SIGNATURE: /	s/ Lisa Williams Cataldo		DATE:	4/29/2024			
NOTE: This filling is not valid without a signature.							

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