

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-15-0000359 15-APR-2024 03:33 PM Dkt. 22 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
- 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: | Naka | moto | Henry | Henry T NAME O | | E OF SPOUSE OR DOMESTIC PARTNER: | |
| INAIVIL. | (1 | LAST) | (FIRST) | (MIDDLE) | Joyce M. | Nakamoto | |
| OFFICE A | ADDRES | 777 Kilauea Avenue s: | | | No. of Depende | | |
| | | | NUMBER, STREET | | (Do not include | (Do not include names) | |
| CITY OR TOWN: Hilo | | Hilo | ZIP CO | 96720 DE: | 96720 2 | | |
| JUDICIAL | _ POSITIO | ON HELI | DATE OF APPOINTMENT | OFF | | | |
| Circuit (| Court . | Judge | 10/30 | 10/30/2017 | | 808-961-7454 | |
| CALENDA | CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2023 | | | | | | |
| ITEM | 1 | וחחו | CIAL COMPENSATION | | | ANNUAL INCOME | |
| RSCH 15 | (d)(1) | OODI | ONE CONTROL | | | G | |
| ITEM RSCH 15 | 2 (d)(1) | | GE'S OTHER INCOME ome for services rendered exceeds \$1,000) | | | | |
| EMPLOYER/LAW FIRM BUSINESS ADDRESS | | | | | ANNUAL INCOME | | |
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| ITEM RSCH 15(| 3 (d)(1) | | ME OF SPOUSE OR DOMESTIC PARTNER AND DE ome for services rendered exceeds \$1,000) | EPENDENT CHILDREN | | | |
| | ANNUAL INCOME | | | | | | |
| Department of Education | | | | | | E | |
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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 | | NATURE OF SERVICES RI | 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 VALUE OF \$5,000 OR MORE OR EQU | INTEREST, HELD IN AN IAL TO 10% OF THE OV | IY BUSINESS CARRYING WNERSHIP OF THE BUSIN | ON BUSINESS IN THE STA IESS. | TE, HAVING A | | |
| | NAME OF BUSINESS | NATU | JRE OF BUSINESS | NATURE OF INTERE | ENTER AMOUNT OR NO. OF SHARES | | |
| | ✓ Check here if entry is None Check here if you have attached additional sheets | | | | | | |
| ITEM 6 RSCH 15(d)(2) | OWNERSHIP OR BENEFICIAL INTER | EST UNDER ITEM 5 TF | RANSFERRED DURING TH | IIS DISCLOSURE PERIOD | | | |
| | NAME OF BUSINESS | DAT | E OF TRANSFER | VALUE | OF TRANSFER | | |
| ✓ 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 | | | ERM OF OFFICE | COMPENSATION (enter amount or NONE) | | |
| ~ (| Check here if entry is None | have attached additional sh | neets | | | | |

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| ITEM 8 RSCH 15(d)(4) | | , OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE EDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE. | | | | | |
|---|---|--|------------------|--|----------------------------|------------------------|--|
| | NAME AND ADDRESS OF CREDITOR ORIGINAL AMOUNT OWED | | | | AMOUNT OWED AT END OF YEAR | | |
| Hawaii National Bank, 2100 Kanoelehua Avenue, #201 Hilo H | | | | | | Н | |
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| | 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 | THE STATE IN WHICH IS F | IELD AN INTER | REST WITH A FAIR MARKET VALUE OF \$ | 10,000 OR | MORE. | |
| | | POSTAL ZIP CODE OF LO | CATION | | VALUE | | |
| 96720 | | | | | | I | |
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| | Check here if entry is No | one Chec | ck here if you h | ave attached additional sheets | | | |
| ITEM 10 RSCH 15(d)(5) | REAL PROPERTY, T | HE FAIR MARKET VALUE C | F WHICH EXC | EEDS \$10,000. ACQUIRED DURING THE | DISCLOS | URE PERIOD. | |
| POSTAL ZIP C | ODE OF LOCATION | NATURE OF INTEREST | | ME AND ADDRESS OF PERSON RECEIVING CON | | CONSIDERATION GIVEN | |
| 96720 | | Joint with Spouse | Spouse In | herited from Father's Passing | | none | |
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| 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 ADD | | | F PERSON FL | JRNISHING CONSIDERATION | | CONSIDERATION RECEIVED | |
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| | Check here if entry is No | one Chec | ck here if you h | ave attached additional sheets | | l | |

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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 | | | |
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| | 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 | DESCRIPTION | N OF GIFT | ESTIMATED VALUE | | | |
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| | Check 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 hours of Approved Judicial Education during the reporting period. | | | | | | | |
| REMARKS: | | | | | | | |
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| See attached sheets. | | | | | | | |
| CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement. | | | | | | | |
| SIGNATURE: / | s/ Henry T. Nakamoto | | DATE: | 4/15/2024 | | | |
| | | | | | | | |
| NOTE: This filling is not valid without a signature. | | | | | | | |

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