

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-11-0000258 01-APR-2024 03:38 PM Dkt. 27 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: | Nishi | mura | Alvin | | P.K. | | NAME OF SPOUSE OR DOMESTIC PARTNER: | |
| TO WILL. | (1 | _AST) | (FIRST) | | (MIDDLE) | Rot | Rotina | |
| OFFICE | ADDRES | 1111 Alakea Street | | | | No. o | of Dependent | t Children: |
| 002 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | NUMBER, ST | REET | | (Do i | not include n | ames) |
| CITY OR TOWN: Ho | | Honolulu | | ZIP COD | 96813 E: | _ | 0 | |
| JUDICIAI | L POSITIO | ON HELD | DAT | E OF APPOINTMENT | | OFFICE PHONE | | |
| District | Court | Judge First Circu | uit | 12/10/2019 | | | 538-5413 | |
| CALEND | AR YEAR | COVERED BY THIS DI | sclosure: 20 <u>2</u> | <u>23</u> | | | | |
| ITEM RSCH 15 | 1 5(d)(1) | JUDICIAL COMPE | NSATION | | | | | ANNUAL INCOME G |
| | | | | | | | | |
| ITEM RSCH 15 | 2 5(d)(1) | JUDGE'S OTHER I | | ds \$1,000) | | | | |
| | | EMPLOYER/L | AW FIRM | | BUSINESS A | ADDRESS | | ANNUAL INCOME |
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| ITEM RSCH 15 | 3 5(d)(1) | INCOME OF SPOU (if income for service | | | PENDENT CHILDREN | | | |
| EMPLOYER | | | | | | | ANNUAL INCOME | |
| Queens Med Cntr | | | | | | | 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 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 OW | ED AMO | OUNT OWED AT END OF YEAR | |
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| | Check here if entry is None Check here if you have attached additional sheets | | | | | | |
| ITEM 9 RSCH 15(d)(5) | REAL PROPERTY IN | N THE STATE IN WHICH IS F | HELD AN INTER | REST WITH A FAIR MARKET VAL | UE OF \$10,000 OF | R MORE. | |
| 96744 | | POSTAL ZIP CODE OF LO | CATION | | | VALUE K | |
| 301 44 | | | | | | TX | |
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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, 1 | THE FAIR MARKET VALUE C | F WHICH EXC | EEDS \$10,000. ACQUIRED DUR | ING THE DISCLOS | URE PERIOD. | |
| POSTAL ZIP CODE OF LOCATION | | NATURE OF INTEREST | | ME AND ADDRESS OF PERSON RECEIVING NSIDERATION | | CONSIDERATION GIVEN | |
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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 ADDRESS OF PERSON FURNISHING CONSIDERATION | | | | CONSIDERATION RECEIVED | | | |
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| | Check here if entry is N | one Cher | 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 | | | |
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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) | | | | | | | |
| I attended 60.5 hours of Approved Judicial Education during the reporting period. | | | | | | | |
| REMARKS: | | | | | | | |
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| See attached sheets. | | | | | | | |
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| CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement. | | | | | | | |
| SIGNATURE: /s | s/ Alvin Nishimura | | DATE: | 04/01/2024 | | | |
| | | | | | | | |
| NOTE: This filing is not valid without a signature. | | | | | | | |

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