| A - Less than \$1,000 B - At least \$1,000 but less than \$10,000   B - At least \$1,000 but less than \$10,000 C - At least \$10,000 but less than \$25,000   C - At least \$10,000 but less than \$150,000 C - At least \$10,000 but less than \$25,000   D - At least \$10,000 but less than \$10,000 C - At least \$10,000 but less than \$250,000   F - At least \$10,000 but less than \$10,000 C - At least \$150,000 but less than \$250,000   F - At least \$10,000 but less than \$10,000 C - At least \$150,000 but less than \$250,000   F - At least \$10,000 but less than \$10,000 C - At least \$150,000 but less than \$250,000   F - At least \$10,000 but less than \$10,000 T - At least \$750,000 but less than \$10,000   T - DE FILED BY ALL FULL TIME AND PER DIEM JUDGES. T - DE FILED BY ALL FULL TIME AND PER DIEM JUDGES. |  |                    |                  |                                  | FINANCIAL DISCLOSURE STATEMENT<br>THIS SPACE FOR OFFICE USE ONLY<br>Electronically Filed<br>Supreme Court<br>SCFD-20-0000348<br>30-APR-2024<br>09:40 PM<br>Dkt. 12 EXH |  |
|---|--|--------------------|------------------|----------------------------------|--|--|
| PAF   | K-HARRIS   | ELIZABETH          | e only)          | NAME OF SP                       | OUSE OR DOMESTIC PARTNER:  |  |
| NAME:   | (LAST)   | (FIRST)            | (MIDDLE)         |                                  | S I. HARRIS  |  |
|   | 4675 KAPOLEI PARI  | <b>WAY</b>         |                  |                                  |  |  |
| OFFICE ADDRES   |  | MBER, STREET       |                  | No. of Depend<br>(Do not include |  |  |
| CITY OR TOWN:   | KAPOLEI  | ZIP CODI           | 96707<br>E:      | 1                                |  |  |
| JUDICIAL POSITI   |  |                    |                  |                                  |  |  |
| JUDGE   | 48290  |                    |                  |                                  |  |  |
| CALENDAR YEAF   | R COVERED BY THIS DISCLOSURE:                              | 20 <u>23</u>       |                  |                                  |  |  |
| ITEM 1<br>RSCH 15(d)(1)   | JUDICIAL COMPENSATION                                      |                    |                  |                                  | ANNUAL INCOME<br>G   |  |
| ITEM 2<br>RSCH 15(d)(1)   | JUDGE'S OTHER INCOME<br>(if income for services rendered   | d exceeds \$1,000) |                  |                                  |  |  |
|   | EMPLOYER/LAW FIRM  |                    | BUSINESS ADDRE   | ESS                              | ANNUAL INCOME  |  |
|   |  |                    |                  |                                  |  |  |
| ITEM 3<br>RSCH 15(d)(1)   | INCOME OF SPOUSE OR DC<br>(if income for services rendered |                    | PENDENT CHILDREN |                                  | 1  |  |
|   |  | EMPLOYER           |                  |                                  | ANNUAL INCOME  |  |
| THE HARRIS AGENCY, LLC  |  |                    |                  |                                  | G  |  |
| DIGI-VORTEX, LLC  |  |                    |                  |                                  | G  |  |
|   |  |                    |                  |                                  |  |  |
|   |  |                    |                  |                                  |  |  |
|   |  |                    |                  |                                  |  |  |

Page 1

| ITEM 4<br>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  |       | Ν             | ATURE OF SERVICES RE  | ENDERED              | AMOUNT                                 |
|   | Check here if entry is None   |       |               | ave attached additional sho   |                      |  |
| ITEM 5<br>RSCH 15(d)(2)   | EACH OWNERSHIP OR BENEFICIAL<br>VALUE OF \$5,000 OR MORE OR EQU   |       |               |   |                      | TE, HAVING A                           |
| ITEM 6<br>RSCH 15(d)(2)   | NAME OF BUSINESS<br>Check here if entry is None<br>OWNERSHIP OR BENEFICIAL INTER<br>NAME OF BUSINESS                      |       | here if you h | RE OF BUSINESS<br>ave attached additional she<br>ANSFERRED DURING TH<br>E OF TRANSFER | IS DISCLOSURE PERIOD | ST ENTER AMOUNT<br>OR NO. OF SHARES    |
|   |   |       |               |   |                      |  |
|   |   |       |               |   |                      |  |
| Check here if entry is None Check here if you have attached additional sheets |   |       |               |   |                      |  |
| ITEM 7<br>RSCH 15(d)(3)   |   |       |               |   |                      |  |
|   | NAME OF BUSINESS  |       |               | TITLE AND TE  | RM OF OFFICE         | COMPENSATION<br>(enter amount or NONE) |
|   | Check here if entry is None   | Check | here if you h | ave attached additional sh  | eets                 |  |

|  |                                    | OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE<br>DIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE. |  |                        |                     |  |  |  |
|--|------------------------------------|---|--|------------------------|---------------------|--|--|--|
|  | D ADDRESS OF CREDITOR              | ORIGINAL AMOUNT OWED  | AMOU   | NT OWED AT END OF YEAR |                     |  |  |  |
| HOMEPOINT  |                                    |   | Н  |                        | Н                   |  |  |  |
| 11511 Luna Road, Su  | ite 200, Farmers Branch, TX, 75    | 234   |  |                        |                     |  |  |  |
| NAVIENT  |                                    |   | G  |                        | D                   |  |  |  |
| P.O. Box 9500, Wilkes-Barre, PA 18773-9500   |                                    |   |  |                        |                     |  |  |  |
| NEW REZ MORTGAGE   |                                    |   | Н  |                        | Н                   |  |  |  |
| 601 Office Center Driv   | ve, Suite 100 Fort Washington P.   | PA 19034  |  |                        |                     |  |  |  |
| Check here i   | f entry is None                    | k here if you ha  | ave attached additional sheets                 |                        |                     |  |  |  |
| ITEM 9 REAL PR<br>RSCH 15(d)(5)  | OPERTY IN THE STATE IN WHICH IS HI | IELD AN INTER   | REST WITH A FAIR MARKET VALUE OF \$            | 10,000 OR N            | IORE.               |  |  |  |
|  | POSTAL ZIP CODE OF LOC             | CATION  |  | VALUE                  |                     |  |  |  |
| 96797  |                                    |   |  | I                      |                     |  |  |  |
| 96815  |                                    |   |  |                        | J                   |  |  |  |
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| Check here if entry is None Check here if you have attached additional sheets  |                                    |   |  |                        |                     |  |  |  |
| ITEM 10 REAL PR<br>RSCH 15(d)(5)   |                                    |   |  |                        |                     |  |  |  |
| POSTAL ZIP CODE OF LC  | CATION NATURE OF INTEREST          |   | E AND ADDRESS OF PERSON RECEIVIN<br>SIDERATION | G                      | CONSIDERATION GIVEN |  |  |  |
|  |                                    | 0011  |  |                        |                     |  |  |  |
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| Check here if entry is None Check here if you have attached additional sheets  |                                    |   |  |                        |                     |  |  |  |
| ITEM 11<br>RSCH 15(d)(5) 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 RECEIV                           |                                    |   |  |                        |                     |  |  |  |
|  |                                    |   |  |                        |                     |  |  |  |
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| ITEM 12<br>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 addi  | ional sheets |                 |  |  |  |
| ITEM 13<br>RSCH 15(d)(7);<br>Rule 3. 13<br>Revised Code<br>of Judicial<br>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 |  |  |  |
|  |  |                                       |              |                 |  |  |  |
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|  | heck here if entry is None   | Check here if you have attached addit | ional sheets |                 |  |  |  |
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION          |  |                                       |              |                 |  |  |  |
| I attended <u>36</u> 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/ ELIZABETH PAEK-HARRIS DATE: 04/04/2024                                      |  |                                       |              |                 |  |  |  |
|  |  |                                       |              |                 |  |  |  |

NOTE: This filing is not valid without a signature.

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