

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-13-0000229 29-JAN-2024 01:00 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: | Souza | a | Kevin | | Α | NAME OF SE | NAME OF SPOUSE OR DOMESTIC PARTNER: | |
| IVAIVIE. | (L | AST) | (FIRST) | | (MIDDLE) | Catherine | e Souza | |
| OFFICE ADDRES | | 777 Punchbowl Street | | | | | dent Children: | |
| | | | | | | | (Do not include names) | |
| CITY OR TOWN: Honol | | Honolulu | | ZIP COD | 96813 | | | |
| JUDICIAL | . POSITIC | N HELD | D | ATE OF APPOINTMENT | | OFFICE PHONE | | |
| Judge | | | | 10/28/ | 2019 | (808) | 539-4099 | |
| CALENDA | AR YEAR | COVERED BY THIS DI | SCLOSURE: 20 |) <u>23</u> | | | | |
| ITEM RSCH 15(| 1 | JUDICIAL COMPE | NSATION | | | | ANNUAL INCOME | |
| K5CH 15(i | (a)(1) | | | | | | G | |
| ITEM RSCH 15(| 2 (d)(1) | JUDGE'S OTHER (if income for service) | | eeds \$1,000) | | | | |
| | | EMPLOYER/L | AW FIRM | | BUSINESS AI | DDRESS | ANNUAL INCOME | |
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| ITEM RSCH 15(d | 3 d)(1) | INCOME OF SPOU | | TIC PARTNER AND DEI | PENDENT CHILDREN | | | |
| | | | | EMPLOYER | | | ANNUAL INCOME | |
| Self | | | | | | | F | |
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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 | | have attached additional sh | | TE HAVING A | |
| ITEM 5 RSCH 15(d)(2) | EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU | JAL TO 10% OF THE OV | VNERSHIP OF THE BUSIN | ESS. | TIE, HAVING A | |
| | NAME OF BUSINESS | NATU | IRE OF BUSINESS | NATURE OF INTERE | EST 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 TR | ANSFERRED DURING TH | IS DISCLOSURE PERIOD | | |
| | NAME OF BUSINESS | DAT | E OF TRANSFER | VALUE | OF TRANSFER | |
| ✓ Check here if entry is None | | | | | | |
| ITEM 7 RSCH 15(d)(3) | | | | | | |
| | NAME OF BUSINESS | | | RM 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) | | RS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE REDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE. | | | | | |
|---|---------------------------|--|------------------|---|------------------------|--------------------------|--|
| | NAME AND ADDRES | SS OF CREDITOR | | ORIGINAL AMOUNT OWED | AMC | OUNT OWED AT END OF YEAR | |
| Central Pacific Home Loans | | | | 1 | | 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 | N THE STATE IN WHICH IS F | IELD AN INTER | REST WITH A FAIR MARKET VALUE | OF \$10,000 OF | R MORE. | |
| | | POSTAL ZIP CODE OF LO | CATION | | | VALUE | |
| 96734 | | | | | | K | |
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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 | THE FAIR MARKET VALUE O | F WHICH EXC | EEDS \$10,000. ACQUIRED DURING | 3 THE DISCLOS | URE PERIOD. | |
| POSTAL ZIP C | ODE OF LOCATION | NATURE OF INTEREST | | E AND ADDRESS OF PERSON REC SIDERATION | EIVING | CONSIDERATION GIVEN | |
| | | | CON | SIDERATION | | | |
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| Check here if entry is None | | | | | | | |
| 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 CON | | | | | CONSIDERATION RECEIVED | | |
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| | Check here if entry is No | one Chec | ck here if you h | ave attached additional sheets | | ı | |

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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 additional sheets | | | | | |
| ITEM 13 | , | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| 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 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 | s/ Kevin A. Souza | | DATE: | 01/29/2024 | | | |
| NOTE: This filing is not valid without a signature. | | | | | | | |

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