



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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed  
Supreme Court  
SCFD-22-0000303  
12-MAR-2024  
12:12 PM  
Dkt. 5 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: <u>Wright</u><br><small>(LAST)</small>  | NAME: <u>Douglas</u><br><small>(FIRST)</small> | NAME: <u>Russell</u><br><small>(MIDDLE)</small> | NAME OF SPOUSE OR DOMESTIC PARTNER:<br><br><u>Megan P. Wright</u>                   |
| OFFICE ADDRESS: <u>1885 Main Street, Suite 106</u><br><small>NUMBER, STREET</small> |  |   | No. of Dependent Children:<br><small>(Do not include names)</small><br><br><u>3</u> |
| CITY OR TOWN: <u>Wailuku</u>  | ZIP CODE: <u>96793</u>                         |   |   |
| JUDICIAL POSITION HELD<br><u>District Court Per Diem</u>                            | DATE OF APPOINTMENT<br><u>11/23/2023</u>       | OFFICE PHONE<br><u>808-244-6644</u>             |   |

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2023

|                       |   |   |  |
|-----------------------|---|---|--|
| ITEM<br>RSCH 15(d)(1) | 1 | JUDICIAL COMPENSATION   | ANNUAL INCOME<br><br>C   |
| ITEM<br>RSCH 15(d)(1) | 2 | JUDGE'S OTHER INCOME<br><small>(if income for services rendered exceeds \$1,000)</small>  |  |
|                       |   | EMPLOYER/LAW FIRM<br><u>Wright &amp; Kirschbraun, LLLC</u>  | BUSINESS ADDRESS<br><u>1885 Main Street, Suite 106</u><br><u>Wailuku, HI 96793</u> |
|                       |   |   | ANNUAL INCOME<br><br>G   |
| ITEM<br>RSCH 15(d)(1) | 3 | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN<br><small>(if income for services rendered exceeds \$1,000)</small> |  |
|                       |   | EMPLOYER<br><u>Hawaii Permanents Medical Group</u>  | ANNUAL INCOME<br><br>G   |

|                         |   |
|-------------------------|---|
| 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 | NATURE OF SERVICES RENDERED | AMOUNT |
|--------|-----------------------------|--------|
|        |                             |        |

Check here if entry is None       Check here if you have attached additional sheets

|                         |  |
|-------------------------|--|
| ITEM 5<br>RSCH 15(d)(2) | EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS. |
|-------------------------|--|

| NAME OF BUSINESS           | NATURE OF BUSINESS     | NATURE OF INTEREST | ENTER AMOUNT OR NO. OF SHARES |
|----------------------------|------------------------|--------------------|-------------------------------|
| IrishAloha, LLC            | Commercial Unit Rental | Member             | 50%                           |
| Wright & Kirschbraun, LLLC | Law firm               | Member             | 50%                           |

Check here if entry is None       Check here if you have attached additional sheets

|                         |   |
|-------------------------|---|
| ITEM 6<br>RSCH 15(d)(2) | OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD |
|-------------------------|---|

| NAME OF BUSINESS | DATE OF TRANSFER | VALUE OF TRANSFER |
|------------------|------------------|-------------------|
|                  |                  |                   |

Check here if entry is None       Check here if you have attached additional sheets

|                         |  |
|-------------------------|--|
| ITEM 7<br>RSCH 15(d)(3) | LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS. |
|-------------------------|--|

| NAME OF BUSINESS                      | TITLE AND TERM OF OFFICE | COMPENSATION (enter amount or NONE) |
|---------------------------------------|--------------------------|-------------------------------------|
| Learning Endeavors                    | Director                 | None                                |
| AOAO Maui Realty Suites               | Director                 | None                                |
| Ka Hale A Ke Ola (through June, 2023) | Director                 | None                                |

Check here if entry is None       Check here if you have attached additional sheets

ITEM 8 LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE  
 RSCH 15(d)(4) PERIOD. LIST CREDIT 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 |
|------------------------------|----------------------|----------------------------|
| American Savings Bank        | J                    | J                          |
| Wailuku Federal Credit Union | G                    | G                          |
| Wailuku Federal Credit Union | D                    | D                          |
| Wailuku Federal Credit Union | C                    | C                          |
| Chase Credit Card            | D                    | D                          |
| GMC Finance                  | C                    | C                          |

Check here if entry is None  Check here if you have attached additional sheets

ITEM 9 REAL PROPERTY IN THE STATE IN WHICH IS HELD AN INTEREST WITH A FAIR MARKET VALUE OF \$10,000 OR MORE.  
 RSCH 15(d)(5)

| POSTAL ZIP CODE OF LOCATION | VALUE |
|-----------------------------|-------|
| 96790                       | K     |
| 96793                       | H     |

Check here if entry is None  Check here if you have attached additional sheets

ITEM 10 REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. ACQUIRED DURING THE DISCLOSURE PERIOD.  
 RSCH 15(d)(5)

| POSTAL ZIP CODE OF LOCATION | NATURE OF INTEREST | NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION | CONSIDERATION GIVEN |
|-----------------------------|--------------------|--|---------------------|
|                             |                    |  |                     |

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.  
 RSCH 15(d)(5)

| POSTAL ZIP CODE OF LOCATION | NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION | CONSIDERATION RECEIVED |
|-----------------------------|---|------------------------|
|                             |   |                        |

Check here if entry is None  Check here if you have attached additional sheets

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 |
|------------------|--------------------|--------------------|-------|
|                  |                    |                    |       |

Check here if entry is None  Check here if you have attached additional 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 HAWAII REVISIED CODE OF JUDICIAL CONDUCT.

| SOURCE | DESCRIPTION OF GIFT | ESTIMATED VALUE |
|--------|---------------------|-----------------|
|        |                     |                 |

Check here if entry is None  Check here if you have attached additional sheets

ITEM 14  
RSCH 15(d)(8)  
& 22(h) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION

I attended 10.5 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/ Douglas R. Wright

DATE: 03/12/2024

NOTE: This filing is not valid without a signature.