

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-17-0000074 04-MAR-2024 02:30 PM Dkt. 15 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
- F At least \$100,000 but less than \$150,000
- E At least \$50,000 but less than \$100,000
- 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.

| | | | (Туре | e only) | | | |
|---------------------------------------------|--------------------|-----------|-----------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------|--|
| NAME: | Goldberg (LAST) | | Robert | Michael | NAME OF SPOUSE OR DOMESTIC PARTNER: | | |
| NAME: | | | (FIRST) | (MIDDLE) Mary Can | | nela T. Goldberg | |
| OFFICE | ADDRES | 2970 |) Kele Street, Suite 208 | | No. of Dependen | nt Children: | |
| NUMBER, STREET | | | | | (Do not include r | (Do not include names) | |
| CITY OF | R TOWN: | Lihue | ZIP CODE | 96766 | 4 | | |
| JUDICIA | AL POSITIO | N HELD | DATE OF APPOINTMENT | OFFICE PHO | ONE | | |
| Per Die | em Jud | ge | 12/1/2 | 2016 | (808) 245-4102 | | |
| CALEN | DAR YEAR | COVERED | BY THIS DISCLOSURE: 20 <u>23</u> | | | | |
| ITEM | 1 | | LOGUETION | | | ANNUAL INCOME | |
| RSCH 1 | | JUDICIAI | L COMPENSATION | | | D | |
| ITEM RSCH 1 | 2 5(d)(1) | | S OTHER INCOME e for services rendered exceeds \$1,000) | | | | |
| | | EMF | PLOYER/LAW FIRM | BUSINESS ADDRESS | | ANNUAL INCOME | |
| Law O | ffice of | Robert G | Goldberg LLLC | 2970 Kele St., Ste. 208, Lihu'e, HI | 96766 | G | |
| Kaua'i | Commi | unity Col | llege | 3-1901 Kaumualii Hwy, Lihu'e, HI | Α | | |
| Disput | e Preve | ention & | Resolution, Inc. | 1003 Bishop St. #1155, Honolulu, | Α | | |
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| | | | | | | | |
| ITEM RSCH 1 | 3 5(d)(1) | | OF SPOUSE OR DOMESTIC PARTNER AND DEP e for services rendered exceeds \$1,000) | PENDENT CHILDREN | | | |
| | | | EMPLOYER | | | ANNUAL INCOME | |
| Law Office of Robert Goldberg LLLC (spouse) | | | | | | В | |
| Registered court interpreter (spouse) | | | | | | В | |
| Law Office of Robert Goldberg LLLC (child) | | | | | | В | |
| Law Office of Robert Goldberg LLLC (child) | | | | | | В | |
| Law Office of Robert Goldberg LLLC (child) | | | | | | В | |
| Wilcox Hospital (child) | | | | | | В | |

| 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 RENDERED | | | AMOUNT | | |
| Lihu'e Library (child) | | | Pharmacy Technician | | | | В |
| Reed College | (child) | Peer | Mentor | | | | В |
| | | | | | | | |
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| | | | | | | | |
| | Check here if entry is None | Cł | neck here if you h | ave attached additional sh | eets | | |
| ITEM 5 RSCH 15(d)(2) | EACH OWNERSHIP OR BENEFICIAL I VALUE OF \$5,000 OR MORE OR EQU | NTERE: AL TO 1 | ST, HELD IN AN' 10% OF THE OW | / BUSINESS CARRYING (NERSHIP OF THE BUSIN | ON BUSINESS IN THE STA ESS. | TE, HA | VING A |
| | NAME OF BUSINESS | | NATU | RE OF BUSINESS | NATURE OF INTERE | ST | ENTER AMOUNT OR NO. OF SHARES |
| Law Office of | Robert Goldberg LLLC | | Law Office | | Owner | | 100% |
| | | | | | | | |
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| 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 UN | DER ITEM 5 TRA | ANSFERRED DURING TH | IS DISCLOSURE PERIOD | | |
| | NAME OF BUSINESS DATE OF T | | | OF TRANSFER | VALUE OF TRANSFER | | |
| N/A | | | | | | | |
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| Check here if entry is None Check here if you have attached additional sheets | | | | | | | |
| ITEM 7 RSCH 15(d)(3) | | | | | | | |
| NAME OF BUSINESS | | | TITLE AND TERM OF OFFICE | | RM OF OFFICE | COMPENSATION (enter amount or NONE) | |
| | | | | | | | • |
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| ✓ Check here if entry is None Check here if you have attached additional sheets | | | | | | | |

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| ITEM 8 RSCH 15(d)(4) | | S, 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. | | | | | |
|-------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|-------------------|--------------------------|--|
| Pank of User | NAME AND ADDRES | | Prodit) | ORIGINAL AMOUNT OWE | ED AMC | OUNT OWED AT END OF YEAR | |
| Bank of Hawaii, Lihu'e Branch (Home Equity Line of Credit) A | | | | | | D | |
| | | | | | | | |
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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 H | IELD AN INTER | REST WITH A FAIR MARKET VALU | JE OF \$10,000 OF | R MORE. | |
| Kalaheo HI | 96741 (residence) | POSTAL ZIP CODE OF LO | CATION | | | VALUE K | |
| raianco, in | oor + r (residence) | | | | | 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, T | HE FAIR MARKET VALUE O | F WHICH EXC | EEDS \$10,000. ACQUIRED DURIN | NG THE DISCLOS | URE PERIOD. | |
| POSTAL ZIP C | ODE OF LOCATION | NATURE OF INTEREST | | E AND ADDRESS OF PERSON RE SIDERATION | ECEIVING | CONSIDERATION GIVEN | |
| N/A | | | | | | | |
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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. | | | | | | | |
| | ODE OF LOCATION | NAME AND ADDRESS C | F PERSON FL | JRNISHING CONSIDERATION | | CONSIDERATION RECEIVED | |
| N/A | | | | | | | |
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| | | | | | | | |
| | Check here if entry is No | | ok boro if ' | 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 | | | |
| N/A | | | | | | | |
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| ∠ C | 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 HAWAI'I REVISED CODE OF JUDICIAL CONDUCT. | | | | | | |
| | SOURCE | DESCRIPTION | N OF GIFT | ESTIMATED VALUE | | | |
| N/A | | | | | | | |
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| ∠ C | heck here if entry is None | Check here if you have attached addit | ional sheets | | | | |
| ITEM 14 RSCH 15(d)(8) & 22(h) | FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION | | | | | | |
| I attendedhours of Approved Judicial Education during the reporting period. | | | | | | | |
| REMARKS: No | on-required information is provi | ded out of an abundance of disclos | ure. | | | | |
| Ite | em 14 is not applicable to per di | em iudges. See RSCH 15(d)(8) ar | nd 22(h). | | | | |
| Item 14 is not applicable to per diem judges. See RSCH 15(d)(8) and 22(h). | | | | | | | |
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| See attached sheets. | | | | | | | |
| CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement. | | | | | | | |
| SIGNATURE: /s | s/ Robert Goldberg | | DATE: | 3/4/2024 | | | |
| | | | | | | | |
| NOTE: This filing is not valid without a signature. | | | | | | | |

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