

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

K -\$1,000,000 or more

G - At least \$150,000 but less than \$250,000

H - At least \$250,000 but less than \$500,000

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

Electronically Filed Supreme Court SCFD-18-0000316 19-MAR-2024 01:58 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
- E At least \$50,000 but less than \$100,000
- I At least \$500,000 but less than \$750,000 J - At least \$750,000 but less than \$1,000,000
- F At least \$100,000 but less than \$150,000

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.

| | | (Тур | e only) | • | | | |
|--|--|---------------------|------------------|-----------------|----------------------------|--|--|
| Kim | | Robert | Dul Sum | NAME OF SP | OUSE OR DOMESTIC PARTNER: | | |
| NAME:(| LAST) | (FIRST) | (MIDDLE) | Susan M. | Kim | | |
| 74-5451 Kamakaeha Avenue OFFICE ADDRESS: | | | | | No. of Dependent Children: | | |
| OF FIGE ADDICES | NUN | IBER, STREET | | (Do not include | | | |
| CITY OR TOWN: | Kailua-Kona | ZIP COD | 96740 E: | | | | |
| JUDICIAL POSITI | ON HELD | DATE OF APPOINTMENT | | OFFICE PHONE | | | |
| Circuit Court | Judge, Div. 3 Kona | 11/22/ | 2017 4432210 | | | | |
| CALENDAR YEAR | R COVERED BY THIS DISCLOSURE: | 20 <u>23</u> | | | | | |
| ITEM 1 | JUDICIAL COMPENSATION | | | | ANNUAL INCOME | | |
| RSCH 15(d)(1) | JUDICIAL COMPENSATION | | | | G | | |
| ITEM 2 RSCH 15(d)(1) | JUDGE'S OTHER INCOME (if income for services rendered | d exceeds \$1,000) | | | | | |
| | EMPLOYER/LAW FIRM | | BUSINESS A | DDRESS | ANNUAL INCOME | | |
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| ITEM 3 RSCH 15(d)(1) | INCOME OF SPOUSE OR DO (if income for services rendered | | PENDENT CHILDREN | | | | |
| | (ii iiiooiiio ter oorviceo teriadrov | EMPLOYER | | | ANNUAL INCOME | | |
| None | | | | | | | |
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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 | | N | ATURE OF SERVICES RI | ENDERED | | AMOUNT |
| KinueRentals | | Lonc | Long Term Rental | | | | D |
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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 VALUE OF \$5,000 OR MORE OR EQU | NTERE AL TO 1 | ST, HELD IN AN' 10% OF THE OW | Y 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 |
| KinueRentals | dba; sole ownership | | Long Term | Rental | sole proprietership | | sole proprieter |
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| ITEM 6 | OWNERSHIP OR BENEFICIAL INTER | ESTIIN | DED ITEM 5 TD | MSEEDDED DUDING TH | IS DISCLOSLIBE DEDIOD | | |
| RSCH 15(d)(2) | OWNERSHIP OR BENEFICIAL INTER | EST UN | DEKTIEWISTK/ | ANSFERRED DURING IN | 13 DISCLOSURE PERIOD | | |
| | NAME OF BUSINESS | | DATE | OF TRANSFER | VALUE | OF TRA | NSFER |
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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 | | COMPENSATION | | |
| | | | | (enter | amount or NONE) | | |
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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. | | | | | | |
|---|---|---|---------------------|--|--------------------------|------------------------|--|--|
| NAME AND ADDRESS OF CREDITOR | | | ORIGINAL AMOUNT OWE | ED AMO | OUNT OWED AT END OF YEAR | | | |
| First Hawaiian Bank, 81-6626 Mamalahoa Hwy - 96750 | | | | D | | В | | |
| Morgan Stanley, 111 Aupuni St., Hilo, HI 96720 | | | | | 1 | | | |
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| ITEM 9 | | | | REST WITH A FAIR MARKET VALU | JE OF \$10,000 OF | R MORE. | | |
| RSCH 15(d)(5) | | DOCTAL ZID CODE OF LO | CATION | | | VALUE | | |
| Property 1 - 9 | 96704 | POSTAL ZIP CODE OF LO | CATION | | | VALUE I | | |
| Property 2 - 9 | | | | | | J | | |
| 1 Topolty 2 - 1 | 30704 | | | | | Ü | | |
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| ITEM 10 RSCH 15(d)(5) | REAL PROPERTY, T | THE 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 | | |
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| ITEM 11 REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD. | | | | | | | | |
| POSTAL ZIP C | ODE OF LOCATION | NAME AND ADDRESS C | OF PERSON F | JRNISHING CONSIDERATION | | CONSIDERATION RECEIVED | | |
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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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| ITEM 13 RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct | GIFT(S) THAT MUST BE REPORTED | 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) | FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION | | | | | | |
| I attended 26.0 hours of Approved Judicial Education during the reporting period. | | | | | | | |
| REMARKS: | | | | | | | |
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| Con attached shoots | | | | | | | |
| See attached sheets. | | | | | | | |
| CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement. | | | | | | | |
| SIGNATURE: /: | s/ Robert D. S. Kim | | DATE: | 03/19/24 | | | |
| | | | | | | | |
| NOTE: This filing is not valid without a signature. | | | | | | | |

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