

## 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-22-0000297 17-APR-2024 06:48 AM 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
- F At least \$100,000 but less than \$150,000
- E At least \$50,000 but less than \$100,000
- H At least \$250,000 but less than \$500,000 I - At least \$500,000 but less than \$750,000

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

- 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:		Sokolow		Joanna	Elizabeth	NAME OF SE	F SPOUSE OR DOMESTIC PARTNER:	
NAIVIE.		LAST)		(FIRST)	(MIDDLE)	Ben Duk	е	
OFFICE	E ADDRES		74-5451 Kamaka'eha				dent Children:	
				BER, STREET		(Do not inclu	de names)	
CITY OR TOWN:		Kailua Kona		ZIP COD	96740 ZIP CODE:		2	
JUDICIA	AL POSITIO	ON HE	LD	DATE OF APPOINTMENT		OFFICE PHONE		
District	t Family	/ Jud	lge	08/03/	08/03/2022		32112	
CALEN	CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2023							
ITEM RSCH 1:	1	JUD	DICIAL COMPENSATION				ANNUAL INCOME	
KSCH I	5(u)(1)						G	
ITEM RSCH 1	2 5(d)(1)		OGE'S OTHER INCOME acome for services rendered	exceeds \$1,000)				
			EMPLOYER/LAW FIRM		BUSINESS A	DDRESS	ANNUAL INCOME	
	0	INIC	OME OF SPOUSE OF DOA	ACCTIC DADTNED AND DE				
ITEM RSCH 1	3 5(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)						
EMPLOYER							ANNUAL INCOME	
DOE-State of Hawaii							E	

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 R	ENDERED		AMOUNT
	Check here if entry is None	Cr	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	INTERES	ST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A 10% OF THE OWNERSHIP OF THE BUSINESS.				VING A
NAME OF BUSINESS  Walt Disney Co.			NATURE OF BUSINESS  Entertainment former law practice		NATURE OF INTERES Shareholder partner-no revenue	ST	ENTER AMOUNT OR NO. OF SHARES 60 shares 50%
	Check here if entry is None			ave attached additional sh			
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTER	EST UN				05 TD 4	NOTED
	NAME OF BUSINESS		DAIL	E OF TRANSFER	VALUE	OF TRA	INSFER
V	Check here if entry is None	CI	neck here if you h	ave attached additional sh	neets		
ITEM 7 RSCH 15(d)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.							
	NAME OF BUSINESS		neck here if you		ERM OF OFFICE		PENSATION 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)		OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE DIT 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			
Flagstar Ban	k, P.O. Box 660263, Dallas, TX 75	Н	Н				
Hawaii State	FCU, 560 Halekauwila St. #5, Hor	nolulu 96813	D	D			
Hawaii Comr	nunity Federal Credit Union		С	С			
	Check here if entry is None	Check here if you ha	ave attached additional sheets				
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN THE STATE IN WH	ICH IS HELD AN INTER	REST WITH A FAIR MARKET VALUE OF \$1	0,000 OR MORE.			
	POSTAL ZIP CODI	E OF LOCATION		VALUE			
96740				J			
	Check here if entry is None	Check here if you ha	ave attached additional sheets				
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, THE FAIR MARKET V	/ALUE OF WHICH EXC	EEDS \$10,000. ACQUIRED DURING THE	DISCLOSURE PERIOD.			
POSTAL ZIP C	ODE OF LOCATION NATURE OF INTE		E AND ADDRESS OF PERSON RECEIVING SIDERATION	G CONSIDERATION GIVEN			
Check here if entry is None Check here if you have attached additional sheets							
ITEM 11 RSCH 15(d)(5)							
POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION CONSIDERATION RECI							
✓ Check here if entry is None							

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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				
	Check here if entry is None	Check here if you have attached addit	tional 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				
	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 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/ Joanna Sokolow		DATE:	04/16/2024				
NOTE: This filling is not valid without a signature.								

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