

## 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**

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed Supreme Court** SCFD-25-0000121 04-MAR-2025 01:20 PM Dkt. 1 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
- I At least \$500,000 but less than \$750,000 J - At least \$750,000 but less than \$1,000,000

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES

TO BE FILE			(Type only)			
	• • • • • • • • • • • • • • • • • • • •			NAME OF SEC	DUSE OF DOMESTIC PARTNER.	
Lum-Mattos			Doris Ding Gar		NAME OF SPOUSE OR DOMESTIC PARTNER:	
(	LAST)	(FIRST)	(MIDDLE)	Keaookala	ni Mattos	
OFFICE ADDRES	1001 Bishop Street	Suite 710		No. of Depende	ent Children:	
OI I IOL ADDINE		UMBER, STREET		(Do not include		
CITY OR TOWN:	Honolulu	ZIP	96813	2	2	
JUDICIAL POSITION		DATE OF APPOINTMEN		OFFICE PHONE		
er Diem Jud	ge	04/	/18/2024	(808) 76	(808) 762-7644	
CALENDAR YEAF	R COVERED BY THIS DISCLOSUR	E: 20 <u>24</u>				
ITEM 1	JUDICIAL COMPENSATION	ı			ANNUAL INCOME	
RSCH 15(d)(1)	JUDICIAL COMPENSATION				В	
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rende	red exceeds \$1,000)				
EMPLOYER/LAW FIRM BUSINESS ADDRESS					ANNUAL INCOME	
aw Office of Doris Lum, LLLC. 1001 Bishop Street, Suite 710				e 710	G	
TEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR I		DEPENDENT CHILDREN			
		EMPLOYER			ANNUAL INCOME	
Hawaii Pacific Health				F		

RG-AC-508 03/2025 WF

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	IATURE OF SERVICES RE	ENDERED	AMOUNT		
	Check here if entry is None		nave attached additional sh				
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU				TE, HAVING A		
	NAME OF BUSINESS	NATU	RE OF BUSINESS	NATURE OF INTERE	ST ENTER AMOUNT OR NO. OF SHARES		
✓ Check here if entry is None							
ITEM 6 RSCH 15(d)(2)							
	NAME OF BUSINESS	DAT	E OF TRANSFER	VALUE	OF TRANSFER		
✓ Check here if entry is None							
ITEM 7 RSCH 15(d)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.							
	NAME OF BUSINESS	Check hare if you		RM OF OFFICE	COMPENSATION (enter amount or NONE)		
	Check here if entry is None	Check here if you	nave attached additional sh	eets			

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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 EDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.					
Control Day	NAME AND ADDRES		Llow shirt	ORIGINAL AMOUNT OWED	AMO	UNT OWED AT END OF YEAR	
Central Pacific Bank (HELOC) 220 South King Street, Honolulu H						Н	
	Check here if entry is No	one Chec	k here if you h	ave attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS H	ELD AN INTER	REST WITH A FAIR MARKET VALUE OF \$	10,000 OR	MORE.	
		POSTAL ZIP CODE OF LO	CATION			VALUE	
96818						K	
96818						1	
96701					H		
96786						Н	
	N. 11						
	Check here if entry is No		-	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 DURING THE	DISCLOS	JRE PERIOD.	
POSTAL ZIP CODE OF LOCATION NATURE OF INTEREST NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION				IG	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.							
POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION					CONSIDERATION RECEIVED		
	Check here if entry is No	one Chec	k here if you h	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			
	Check here if entry is None	Check here if you have attached additional control of the control	tional sheets				
ITEM 13 RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial	GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
Conduct	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE			
	Check here if entry is None	Check here if you have attached addi	tional sheets				
ITEM 14 RSCH 15(d)(8) & 22(h)	ITEM 14 RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
I attended5.50 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	s/Doris Lum-Mattos		DATE:	03/04/2025			
NOTE: This filling is not valid without a signature.							

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