

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

FINANCIAL DISCLOSURE

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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.

			(Тур	e only)				
NAME:	Iwao		Kimberly	Koide	NAME OF SPC	USE OR DOMESTIC PARTNER:		
NAIVIE:	(LAST	(FIRST)	(MIDDLE) Regan M		M. Iwao		
OFFICE ADDRESS: 3660 Waialae Avenue, Suite 310 NUMBER, STREET Honolulu CITY OR TOWN:		ç.	3660 Waialae Avenue, Suite 310	nt Children:				
		0.	NUMBER, STREET		(Do not include			
		onolulu zip codi	96816 E:	2				
JUDICIA	L POSITIO	N H	ELD DATE OF APPOINTMENT	OFFICE PH	ONE			
Per Die	em Jud	ge	04/18/	2024	(808) 97	975-9577		
CALEND	AR YEAR	CO	VERED BY THIS DISCLOSURE: 20 <u>24</u>					
ITEM RSCH 15	1	JL	IDICIAL COMPENSATION			ANNUAL INCOME		
NOCH IX	5(u)(1)	005103.12 00111 2.10 1.110 1.				С		
ITEM RSCH 15	2 5(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)						
			EMPLOYER/LAW FIRM	BUSINESS ADDRESS	ANNUAL INCOME			
Kapi'ol	ani Co	mm	unity College	4303 Diamond Head Rd., Hon., 9	E			
Kimber	rly Koid	le l	wao, LLLC	3660 Waialae Ave., Suite 310, Ho	E			
ITEM RSCH 15	3 5(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)						
EMPLOYER						ANNUAL INCOME		
Schlac	Н							
Kapiolani Community College						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		N	ATURE OF SERVICES RE	ENDERED		AMOUNT	
Tenant		Renta	al income - H	onolulu, HI 96822			С	
Tenant		Renta	al income - La	as Vegas, NV 89148			С	
	Check here if entry is None	Check here if you have attached additional sheets						
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL I VALUE OF \$5,000 OR MORE OR EQU	INTERES	NTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A AL TO 10% OF THE OWNERSHIP OF THE BUSINESS.					
	NAME OF BUSINESS		NATUI	RE OF BUSINESS	NATURE OF INTERE	ST	ENTER AMOUNT OR NO. OF SHARES	
	heck here if entry is None	Ch	eck here if you h	ave attached additional she	eets			
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTER	EST UND	DER ITEM 5 TRA	ANSFERRED DURING TH	IS 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 RSCH 15(d)(3)								
	NAME OF BUSINESS			TITLE AND TE	RM 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 ADDRES	S OF CREDITOR		ORIGINAL AMOUN	T OWED	AMOUN	FOWED AT END OF YEAR	
Central Pacific Bank, 1538 Kapiolani Blvd, Hon., HI 96814							1	
American Savings Bank, 1806 S. King St., Hon., HI 96826						А		
American Sa	vings Bank, 1806	S. King St., Hon., HI 9	6826	Н		A		
American Sa	vings Bank, 1806	S. King St., Hon., HI 9	6826	F		F		
Hon. Fed. Cr	edit Union, 2305 E	Beretania St., Hon., HI	96826	D		A		
Chase (JPM	CB Home), 700 Ka	ansas Ln, Monroe, LA	71203	Н			G	
	Check here if entry is No	one Chec	ck here if you h	ave attached additional shee	ets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	I THE STATE IN WHICH IS H	IELD AN INTER	REST WITH A FAIR MARKE	T VALUE OF \$10	,000 OR MO	RE.	
		POSTAL ZIP CODE OF LO	CATION				VALUE	
96821						K		
96822							G	
89148							Н	
	Check here if entry is No	one Chec	ck here if you h	ave attached additional shee	ets			
ITEM 10 RSCH 15(d)(5)								
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST		NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION			CONSIDERATION GIVEN	
	Check here if entry is No	one Chec	ck here if you h	ave attached additional shee	ets			
ITEM 11 RSCH 15(d)(5)								
POSTAL ZIP C	ODE OF LOCATION	NAME AND ADDRESS C	NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION			С	CONSIDERATION RECEIVED	
96821		Keoni Chan, 1174 Ikena Circle, Honolulu, Hawaii 96821					К	
	Observation of the state of the		ala bana 26 a		.			
	Check here if entry is No	one Ched	ck nere it you h	ave attached additional shee	เร			

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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	VALUE					
	Check here if entry is None	Check here if you have attached addi	tional sheets					
ITEM 13	,							
RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct	GIFT(S) THAT MUST BE REPORTED	(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				
/ C	Check here if entry is None	Check here if you have attached addi	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	s/ Kimberly Koide Iwao		DATE:	04/10/2025				
NOTE: This filling is not valid without a signature.								

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