



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

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed  
Supreme Court  
SCFD-22-0000303  
05-FEB-2026  
10:19 AM  
Dkt. 9 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  
F - At least \$100,000 but less than \$150,000  
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.

(Type only)

|                                                                      |                                          |                                       |                                                       |
|----------------------------------------------------------------------|------------------------------------------|---------------------------------------|-------------------------------------------------------|
| NAME: <u>Wright</u><br>(LAST)                                        | <u>Douglas</u><br>(FIRST)                | <u>Russell</u><br>(MIDDLE)            | NAME OF SPOUSE OR DOMESTIC PARTNER:<br><br>[REDACTED] |
| OFFICE ADDRESS: <u>1885 Main Street, Suite 106</u><br>NUMBER, STREET |                                          |                                       | No. of Dependent Children:<br>(Do not include names)  |
| CITY OR TOWN: <u>Wailuku</u>                                         | ZIP CODE: <u>96793</u>                   |                                       | <u>3</u>                                              |
| JUDICIAL POSITION HELD<br><u>Per Diem, Dist Court, Second Cir</u>    | DATE OF APPOINTMENT<br><u>11/23/2023</u> | OFFICE PHONE<br><u>(808) 244-6644</u> |                                                       |

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2025

|                                                            |                                                                                                                  |                                                                     |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| ITEM 1<br>RSCH 15(d)(1)                                    | JUDICIAL COMPENSATION                                                                                            | ANNUAL INCOME<br><u>D</u>                                           |
| ITEM 2<br>RSCH 15(d)(1)                                    | JUDGE'S OTHER INCOME<br>(if income for services rendered exceeds \$1,000)                                        |                                                                     |
| EMPLOYER/LAW FIRM<br><u>Wright &amp; Kirschbraun, LLLC</u> |                                                                                                                  | BUSINESS ADDRESS<br><u>1885 Main Street, Suite 106, Wailuku, HI</u> |
|                                                            |                                                                                                                  | ANNUAL INCOME<br><u>G</u>                                           |
| ITEM 3<br>RSCH 15(d)(1)                                    | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN<br>(if income for services rendered exceeds \$1,000) |                                                                     |
| EMPLOYER<br><br>[REDACTED]                                 |                                                                                                                  | ANNUAL INCOME<br><u>H</u>                                           |

|                                                                                                                                            |                                                                                                                                                                                    |                                                    |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| ITEM 4<br>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                                       |
|                                                                                                                                            | IrishAloha, LLC                                                                                                                                                                    | Distribution from membership for commercial rental | B                                            |
| <input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets            |                                                                                                                                                                                    |                                                    |                                              |
| ITEM 5<br>RSCH 15(d)(2)                                                                                                                    | EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS. |                                                    |                                              |
|                                                                                                                                            | NAME OF BUSINESS                                                                                                                                                                   | NATURE OF BUSINESS                                 | NATURE OF INTEREST                           |
|                                                                                                                                            | IrishAloha, LLC                                                                                                                                                                    | Commercial Rental Unit                             | Owner/Member                                 |
|                                                                                                                                            |                                                                                                                                                                                    |                                                    | ENTER AMOUNT<br>OR NO. OF SHARES<br><br>100% |
| <input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets            |                                                                                                                                                                                    |                                                    |                                              |
| ITEM 6<br>RSCH 15(d)(2)                                                                                                                    | OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD                                                                                            |                                                    |                                              |
|                                                                                                                                            | NAME OF BUSINESS                                                                                                                                                                   | DATE OF TRANSFER                                   | VALUE OF TRANSFER                            |
|                                                                                                                                            |                                                                                                                                                                                    |                                                    |                                              |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets |                                                                                                                                                                                    |                                                    |                                              |
| ITEM 7<br>RSCH 15(d)(3)                                                                                                                    | LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.                                                                             |                                                    |                                              |
|                                                                                                                                            | NAME OF BUSINESS                                                                                                                                                                   | TITLE AND TERM OF OFFICE                           | COMPENSATION<br>(enter amount or NONE)       |
|                                                                                                                                            | AOAO Maui Realty Suites                                                                                                                                                            | Director (2025)                                    | NONE                                         |
| <input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets            |                                                                                                                                                                                    |                                                    |                                              |

|                              |                                                                                                                                                                                        |                      |                            |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------|
| ITEM 8<br>RSCH 15(d)(4)      | LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE PERIOD. LIST CREDIT 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 |
| American Savings Bank        |                                                                                                                                                                                        | J                    | I                          |
| Wailuku Federal Credit Union |                                                                                                                                                                                        | G                    | G                          |
| American Savings Bank        |                                                                                                                                                                                        | H                    | G                          |

☐ Check here if entry is None

☐ Check here if you have attached additional sheets

|                             |                                                                                                       |       |
|-----------------------------|-------------------------------------------------------------------------------------------------------|-------|
| ITEM 9<br>RSCH 15(d)(5)     | REAL PROPERTY IN THE STATE IN WHICH IS HELD AN INTEREST WITH A FAIR MARKET VALUE OF \$10,000 OR MORE. |       |
| POSTAL ZIP CODE OF LOCATION |                                                                                                       | VALUE |
| 96790                       |                                                                                                       | K     |
| 96793                       |                                                                                                       | H     |

☐ Check here if entry is None

☐ Check here if you have attached additional sheets

|                             |                                                                                                        |                                                    |                     |
|-----------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------|
| ITEM 10<br>RSCH 15(d)(5)    | REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. ACQUIRED DURING THE DISCLOSURE PERIOD. |                                                    |                     |
| POSTAL ZIP CODE OF LOCATION | NATURE OF INTEREST                                                                                     | NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION | CONSIDERATION GIVEN |
|                             |                                                                                                        |                                                    |                     |

☒ Check here if entry is None

☐ Check here if you have attached additional sheets

|                             |                                                                                                           |                        |
|-----------------------------|-----------------------------------------------------------------------------------------------------------|------------------------|
| ITEM 11<br>RSCH 15(d)(5)    | 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 None

☐ Check here if you have attached additional sheets

|                                                                                                                                            |                                                                            |                    |       |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-------|
| ITEM 12<br>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 |
|                                                                                                                                            |                                                                            |                    |       |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets |                                                                            |                    |       |

|                                                                                                                                            |                                                                                                    |                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|--|
| ITEM 13<br>RSCH 15(d)(7);<br>Rule 3. 13<br>Revised Code<br>of Judicial<br>Conduct                                                          | GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAII REVISIED CODE OF JUDICIAL CONDUCT. |                 |  |
| SOURCE                                                                                                                                     | DESCRIPTION OF GIFT                                                                                | ESTIMATED VALUE |  |
|                                                                                                                                            |                                                                                                    |                 |  |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets |                                                                                                    |                 |  |

|                                     |                                               |
|-------------------------------------|-----------------------------------------------|
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h) | FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION |
|-------------------------------------|-----------------------------------------------|

I attended 5.50 hours of Approved Judicial Education during the reporting period.

REMARKS: My term ended 11/23/2025, and I chose not to reapply and, as a result, I did not attend the judicial conference held in the fall.

☐ See attached sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE: /s/ Douglas R. Wright

DATE: 02/05/2026

NOTE: This filing is not valid without a signature.