amount, the	pleting this form please	HONOLULU, HAWAI'I			Electronically File Supreme Court SCFD-15-0000360 23-APR-2015
C - At least \$ D - At least \$ E - At least \$ F - At least \$	following financial range	G - At least \$150,00 G - At least \$150,00 H - At least \$250,00 5,000 J - At least \$250,000 0,000 J - At least \$750,000 00,000 K - \$1,000,000 or mo 150,000	Items requiring a monetary 0 but less than \$250,000 0 but less than \$500,000 0 but less than \$750,000 0 but less than \$1,000,000 re		02:54 PM
			(Type or Print Clearly)		
NAME: Han	nman (LAST)	Kirstin (FIRST)	Marie (MIDDLE)		SPOUSE OR DOMESTIC PARTNER:
OFFICE ADDRE	ss. 33 North Mar	ket Street #302		Reid O	uchi
		NUMBER, STREET		No. of Dep	endent Children: lude names)
ITY OR TOWN	Wailuku	ZIP (CODE: 96793	3	idde hames)
JDICIAL POSI	TION HELD	DATE OF APPOINTMEN	T		
er Diem Ju	udge	07/01/2014	6F 808-419	FICE PHONE	
ALENDAR YEA	AR COVERED BY THIS DIS		000-418	00000	
EM 1 SCH 15(d)(1)	JUDICIAL COMPENS				ANNUAL INCOME
					В
EM 2 SCH 15(d)(1)	JUDGE'S OTHER IN (if income for service	COME s rendered exceeds \$1,000)			
ເw Office c	EMPLOYER/LA	<i>N</i> FIRM	BUSINESS ADDRE 33 N. Market St. #302, Wailt		ANNUAL INCOME E
EM 3 CH 15(d)(1)	INCOME OF SPOUS (if income for services	OR DOMESTIC PARTNER A rendered exceeds \$1,000)	ND DEPENDENT CHILDREN		
EMPLOYER aui Memorial Medical Center					ANNUAL INCOME E
101 (02/11) (eff. ographics (12/2 umonLook* 5	013) SC				Page 1

RSCH 15(d)(1)	REPEATED HERE		-70E33 UF \$1,000 - IN	NCOME DISCLOSED IN ITEMS	1 - 3 NEED NOT BE
	SOURCE	NA	TURE OF SERVICES	RENDERED	AMOUNT
	Check here if entry is None	CONTRACTOR AND A DESCRIPTION OF THE OWNER OF T	you have attached addi		
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEF VALUE OF \$5,000 OR MORE O	REQUAL TO 10% OF THE	ANY BUSINESS CAR OWNERSHIP OF THE	RYING ON BUSINESS IN THE S BUSINESS.	STATE, HAVING A
aw Office o	NAME OF BUSINESS f Kirstin Hamman	NATUR Legal Pract	RE OF BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARE 100%
	Check here if entry is None	And a second secon	ou have attached additi		
TEM 6 SCH 15(d)(2)	OWNERSHIP OR BENEFICIAL II	NTEREST UNDER ITEM 5	TRANSFERRED DURI	NG THIS DISCLOSURE PERIOD	D.
	NAME OF BUSINESS	DATE	OF TRANSFER	VALUE OF T	RANSFER
⊠ c	Check here if entry is None	Check here if yo	u have attached additio	onal sheets	
EM 7 SCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRE	and the second			NY BUSINESS.
	NAME OF BUSINESS			ND TERM OF OFFICE	COMPENSATION (enter amount or NONE)
⊠ cr	heck here if entry is None	Check here if you	I have attached addition	nal sheets	
01 (02/11) (eff. 0	01/01/11)				Fage

ITEM 8 RSCH 15(d)(4)	LIST CREDITORS, PERIOD. LIST CRI	OTHER THAN CREDIT CAR EDIT CARD DEBT THAT EX(RD ACCOUNTS, TO WHOM MORE THAN \$3,000 N CEEDED \$10,000 FOR SIX MONTHS OR MORE.	WAS OWED DURING THE DISCLOSURE
Central Pacil Maui County Hawaii State	NAME AND ADDRE fic Bank 7 Federal Credit U 9 Federal Credit U 9 Check here if entry is N	ESS OF CREDITOR nion nion	ORIGINAL AMOUNT OWED B B C C eck here if you have attached additional sheets HELD AN INTEREST WITH A FAIR MARKET VAL	AMOUNT OWED AT END OF YEAR B C
TEM 10 RSCH 15(d)(5)	Check here if entry is N REAL PROPERTY, T DDE OF LOCATION		ck here if you have attached additional sheets DF WHICH EXCEEDS \$10,000, ACQUIRED DURIN NAME AND ADDRESS OF PERSON RECEIVIN CONSIDERATION	
TEM 11 SCH 15(d)(5)	eck here if entry is Non REAL PROPERTY, TH DE OF LOCATION	HE FAIR MARKET VALUE OI	k here if you have attached additional sheets F WHICH EXCEEDS \$10,000, TRANSFERRED DI PERSON FURNISHING CONSIDERATION	URING THE DISCLOSURE PERIOD. CONSIDERATION RECEIVED
2 Che	tck here if entry is None	e Check	c here if you have attached additional sheets	Page 3 SC-P-1

	NAME OF BUSINESS	SOLVENT BUSINESS HAVING A VALUE OF		
		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
	Check here if entry is None	Check here if you have attache	ed additional sheets	
ITEM 13 RSCH 15(d)(7); Rule 3.13 Revised Code of Judicial Conduct	GIFT(S) THAT MUST BE REP	ORTED UNDER RULE 3.13(c) OF THE HAW	AI'I REVISED CODE OF JUDICIAL CON	IDUCT.
	SOURCE	DESCRIPTIC	IN OF GIFT	ESTIMATED VALUE
C TEM 14 SCH 15(d)(8)	heck here if entry is None FULL-TIME JUDGES' APPROV	Check here if you have attached	additional sheets	
attended		cial Education during the reporting period	d.	
EMARKS:				
	e attached sheets.			
ERTIFICATION	W: I hereby certify that the above is Kustur /	s a true, correct, and complete statement.	DATE:	1/23/15
DTE: This fili	/ ng is not valid without a signature	L	/	10-110