REME	FINANCIAL DIS				CLOSURE STATEMENT
	SUPREME COURT CLERK'S OFFICE 417 SOUTH KING STREET HONOLULU, HAWAI'I 96813-2912			THIS SPACE FOR OFFICE USE ONLY Electronically File Supreme Court	
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 may be used. A - Less than \$1,000 G - At least \$150,000 but less than \$250,000 B - At least \$1,000 but less than \$10,000 H - At least \$250,000 but less than \$500,000 C - At least \$10,000 but less than \$25,000 I - At least \$500,000 but less than \$750,000				SCFD-11-0000180 25-APR-2014 02:21 PM	
D - At least \$25,000 but less than \$50,000 J - At least \$750,000 but less than \$1,000,000 E - At least \$50,000 but less than \$100,000 K -\$1,000,000 or more F - At least \$100,000 but less than \$150,000					
TO BE FILED BY	ALL FULL TIME AND PER DIEM	JUDGES.			
		(T <u>)</u>	ype or Print Clearly)	I	
NAME: Barth	olomew	Anthony	Kevin	NAME OF	SPOUSE OR DOMESTIC PARTNER:
(L	AST)	(FIRST)	(MIDD	LE)	
OFFICE ADDRES	s:777 Kilauea Avenu				endent Children:
NUMBER, STREET (Do not inclu CITY OR TOWN: Hilo			lude names)		
JUDICIAL POSITI	ON HELD	DATE OF APPOINTMENT		OFFICE PHONE	
District Fami	ly Court Judge	6/6/2008	808	961-7500	
CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20_13					
ITEM 1 RSCH 15(d)(1)	JUDICIAL COMPENSATION	1			ANNUAL INCOME F
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)				
	EMPLOYER/LAW FIRM	Λ	BUSINESS AE	DDRESS	ANNUAL INCOME
ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR I (if income for services rende		ND DEPENDENT CHILDREN		
EMPLOYER State of Hawaii, Hilo Medical Center (5 months)					ANNUAL INCOME E
Hale Anuenue (7months)					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	NATURE	OF SERVICES RENI	DERED	AMOUNT	
	Check here if entry is None	Check here if you h	ave attached additiona	al sheets		
ITEM 5 RSCH 15(d)(2)	ITEM 5 EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A					
	NAME OF BUSINESS	NATURE O	F BUSINESS	NATURE OF INTERE	ST ENTER AMOUNT OR NO. OF SHARES	
	Check here if entry is None	Check here if you h	ave attached additiona	al sheets		
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD.					
	NAME OF BUSINESS	DATE OF	TRANSFER	VALUE C	OF TRANSFER	
Check here if entry is None Check here if y		Check here if you h	ave attached additiona	al sheets		
ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.					
	NAME OF BUSINESS		TITLE ANI	D TERM OF OFFICE	COMPENSATION (enter amount or NONE)	

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.					
Hawaii Feder	NAME AND ADDRES	AMOUNT OWED AT END OF YEAR					
	Check here if entry is None Check here if you have attached additional sheets						
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	I THE STATE IN WHICH IS HEL	D AN INTEREST WITH A FAIR MARKET VALU	E OF \$10,000 OR MORE.			
POSTAL ZIP CODE OF LOCATION VALUE 96749 (Residence & undeveloped residential lot) H							
507 45 (110314							
	Check here if entry is N	one Check r	nere if you have attached additional sheets				
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE OF V	WHICH EXCEEDS \$10,000, ACQUIRED DURIN	G THE DISCLOSURE PERIOD.			
POSTAL ZIP C	ODE OF LOCATION		NAME AND ADDRESS OF PERSON RECEIVING	G CONSIDERATION GIVEN			
☑ ci	Check here if entry is None						
ITEM 11 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE OF	WHICH EXCEEDS \$10,000, TRANSFERRED DU	JRING THE DISCLOSURE PERIOD.			
POSTAL ZIP C	ODE OF LOCATION	NAME AND ADDRESS OF PE	ERSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVED			
CI	neck here if entry is Nor	ne 🗌 Check ł	nere if you have attached additional sheets				

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 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 OF GIFT		ESTIMATED VALUE		
Check here if entry is None						
ITEM 14 RSCH 15(d)(8) & 22(h)	FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION					
I attended <u>32.1</u> hours of Approved Judicial Education during the reporting period.						

REMARKS:

See attached sheets.

 $\label{eq:certification} \mbox{CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.}$

SIGNATURE: \S\ Anthony Kevin Bartholomew

DATE: 04/25/2014

NOTE: This filing is not valid without a signature.