



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-16-0000372
 24-APR-2018
 07:51 AM**

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
- 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 or Print Clearly)

NAME: Bresciani Peter N/A
(LAST) (FIRST) (MIDDLE)

OFFICE ADDRESS: 75-1020 Haukapila Street
NUMBER, STREET

CITY OR TOWN: Kealahou ZIP CODE: 96750

NAME OF SPOUSE OR DOMESTIC PARTNER:

Heidemarie Koop

No. of Dependent Children:
 (Do not include names)

0

JUDICIAL POSITION HELD: per diem Family/District Court DATE OF APPOINTMENT: 06/08/2015 OFFICE PHONE: (808) 322-8700

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 17

| ITEM RSCH 15(d)(1) | | ANNUAL INCOME |
|-----------------------|--|------------------|
| 1 | JUDICIAL COMPENSATION | E |
| 2 | JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000) | |
| | EMPLOYER/LAW FIRM | BUSINESS ADDRESS |
| | | ANNUAL INCOME |
| 3 | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000) | |
| | EMPLOYER | ANNUAL INCOME |
| | Heidi Koop, Counseling and Consulting | 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 RENDERED | AMOUNT |
|--------|-----------------------------|--------|
| | | |

Check here if entry is None Check here if you have attached additional sheets

| | |
|-------------------------|--|
| ITEM 5 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 | ENTER AMOUNT OR NO. OF SHARES |
|-------------------|--------------------|--------------------|-------------------------------|
| Mahina Mauna Farm | Farm products | co-owner | 1/2 |

Check here if entry is None Check here if you have attached additional 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 OF TRANSFER |
|------------------|------------------|-------------------|
| | | |

Check here if entry is None Check here if you have attached additional sheets

| | |
|-------------------------|--|
| ITEM 7 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 (enter amount or NONE) |
|------------------|--------------------------|-------------------------------------|
| | | |

Check here if entry is None Check here if you have attached additional sheets

| ITEM 8 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 |
| | Wells Fargo Bank N.A., PO Box 14411 Des Moines, IA 50306-3411 | H | H |
| | Mr. Cooper, 8950 Cypress Waters Blvd. Coppel, TX 750-19 | G | F |
| | Hawaii Community Federal Credit Union, 73-5611 Olowalu Street, Kailua-Kona, HI 96740 | C | C |

Check here if entry is None

Check here if you have attached additional sheets

| ITEM 9 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 |
| | 96704 | I |

Check here if entry is None

Check here if you have attached additional sheets

| ITEM 10 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 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
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 HAWAII REVISED CODE OF JUDICIAL CONDUCT.

| SOURCE | DESCRIPTION OF GIFT | ESTIMATED VALUE |
|-----------------|---------------------|-----------------|
| Robert Triantos | Legal Services | A |

Check here if entry is None

Check here if you have attached additional sheets

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

I attended 0.00 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:



DATE: 04/20/2018

NOTE: This filing is not valid without a signature.

| | | |
|--|--|----------------------------|
| ITEM 8 R8CH 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 |
| Bank of America, PO Box 15220, Wilmington, DE 19886-5220 | C | C |
| Charles Schwab, PO Box 982605, El Paso, TX 79998- 2605 | C | C |