

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

FINANCIAL DISCLOSURE STATEMENT

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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 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.

|                         |  | (T               | ype or Print Clearly) |            |  |  |
|-------------------------|--|------------------|-----------------------|------------|--|--|
| NAME: Kim               | AST)   | Glenn<br>(FIRST) | J.                    | NAME OF SP | OUSE OR DOMESTIC PARTNER:                            |  |
| OFFICE ADDRESS:         |  | NUMBER, STREET   | R, STREET             |            | No. of Dependent Children:<br>(Do not include names) |  |
| CITY OR TOWN:           |  | ZIP COI          | DE: 90013             |            |  |  |
|                         | JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE  Circuit court judge 04/30/2007 539-4320 |                  |                       |            |  |  |
| CALENDAR YEAR           | R COVERED BY THIS DISCLOSU   | re: 20 <u>17</u> |                       |            |  |  |
| ITEM 1<br>RSCH 15(d)(1) | JUDICIAL COMPENSATION  | N                |                       |            | ANNUAL INCOME<br>G                                   |  |
| ITEM 2<br>RSCH 15(d)(1) | JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)                           |                  |                       |            |  |  |
|                         | EMPLOYER/LAW FIR   | М                | BUSINESS ADDRES       | ss         | ANNUAL INCOME  |  |
| ITEM 3<br>RSCH 15(d)(1) | INCOME OF SPOUSE OR (if income for services rende  |                  | D DEPENDENT CHILDREN  |            |  |  |
|                         |  | EMPLOYER         |                       |            | ANNUAL INCOME  |  |

| 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 RENI       | DERED              | AMOUNT                                    |  |
| <u> </u>  | Check here if entry is None   | Check here if you ha  | ave attached additiona | al sheets          |   |  |
| ITEM 5<br>RSCH 15(d)(2)   | EACH OWNERSHIP OR BENEFICIAL II<br>VALUE OF \$5,000 OR MORE OR EQUA   |                       |                        |                    | ATE, HAVING A                             |  |
|   | NAME OF BUSINESS  | NATURE O              | F BUSINESS             | NATURE OF INTEREST | ENTER AMOUNT<br>OR NO. OF SHARES          |  |
| ☑ Check here if entry is None ☐ Check here if you have attached additional sheets |   |                       | al 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 T         | RANSFER                                   |  |
| V   | Check here if entry is None 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.                    |                       |                        |                    |   |  |
| <b>_</b>  | NAME OF BUSINESS  Check here if entry is None   | ☐ Check here if you h |                        | D TERM OF OFFICE   | COMPENSATION<br>(enter amount or<br>NONE) |  |

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| ITEM 8<br>RSCH 15(d)(4)   | LIST CREDITORS, O  | TORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE<br>ST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE. |  |                             |  |
|---|--|---|--|-----------------------------|--|
|   | NAME AND ADDRES  | S OF CREDITOR   | ORIGINAL AMOUNT OWED   | AMOUNT OWED AT END OF YEAR  |  |
|   | Check here if entry is No  | one Chec  | k here if you have attached additional sheets  |                             |  |
| ITEM 9<br>RSCH 15(d)(5)   | REAL PROPERTY IN   | THE STATE IN WHICH IS H   | ELD AN INTEREST WITH A FAIR MARKET VALUE   | OF \$10,000 OR MORE.        |  |
| ITEM 10<br>RSCH 15(d)(5)  | Check here if entry is No<br>REAL PROPERTY, T<br>ODE OF LOCATION |   | ck here if you have attached additional sheets  FWHICH EXCEEDS \$10,000, ACQUIRED DURING  NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION |                             |  |
|   |  |   |  |                             |  |
| ☐ Check here if entry is None ☐ Check here if you have attached additional sheets |  |   |  |                             |  |
| ITEM 11<br>RSCH 15(d)(5)  | REAL PROPERTY, T   | HE FAIR MARKET VALUE OI   | F WHICH EXCEEDS \$10,000, TRANSFERRED DUF  | RING THE DISCLOSURE PERIOD. |  |
|   | ODE OF LOCATION  |   | PERSON FURNISHING CONSIDERATION  | CONSIDERATION RECEIVED      |  |
|   | check here if entry is Nor                                       | ne $\square$ Chec   | k here if you have attached additional sheets  |                             |  |

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| ITEM 12<br>RSCH 15(d)(6)   | CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.                       |   |                      |                 |  |  |
|--|--|---|----------------------|-----------------|--|--|
| N  | AME OF BUSINESS  | S NATURE OF BUSINESS NATURE OF INTEREST |                      |                 |  |  |
|  |  |   |                      |                 |  |  |
|  |  |   |                      |                 |  |  |
|  |  |   |                      |                 |  |  |
|  |  |   |                      |                 |  |  |
|  |  |   |                      |                 |  |  |
| <u></u> ✓ c  | heck here if entry is None   | Check here if you have attach           | ed 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 REVISED CODE OF JUDICIAL CONDUCT. |   |                      |                 |  |  |
|  | SOURCE   | DESCRIPTION OF GIFT                     |                      | ESTIMATED VALUE |  |  |
|  |  |   |                      |                 |  |  |
|  |  |   |                      |                 |  |  |
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|  |  |   |                      |                 |  |  |
|  | heck here if entry is None   | Check here if you have attach           | ed additional sheets |                 |  |  |
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h)  | FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION  |   |                      |                 |  |  |
| I attended 15 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:   | SIGNATURE: /s/ Glenn J. Kim  DATE: 02/12/2018  |   |                      |                 |  |  |
| NOTE: This fi  | NOTE: This filing is not valid without a signature.  |   |                      |                 |  |  |

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