417 SOUTH KING STF NOLULU, HAWAII 968 Instructions for Financial Di REMINDER: For all item iay be used. G - At least \$150,000 bu H - At least \$250,000 bu J - At least \$500,000 bu J - At least \$750,000 bu K -\$1,000,000 or more	REET 313-2912 isclosure Statement, is requiring a monetary ut less than \$250,000 it less than \$500,000 t less than \$750,000			S SPACE FC	LOSURE STATEMENT PR OFFICE USE ONLY Electronically Filed Supreme Court SCFD-13-0000229 80-JAN-2018 0:19 AM
	vpe or Print Clearly)				
Kevin (FIRST)	A	(MIDDLE	E)	NAME OF SP	OUSE OR DOMESTIC PARTNER:
VAY NUMBER, STREET				No. of Depend (Do not include	dent Children:
ZIP COL	DE: 96707			2	
DATE OF APPOINTMENT 03/15/2013		(808)			
		()			
					ANNUAL INCOME G
red exceeds \$1 000)					
	BUSINE	SSADD	DRESS		ANNUAL INCOME
	D DEPENDENT CHILDRE	N			
EMPLOYER					ANNUAL INCOME F
	417 SOUTH KING STI NOLULU, HAWAII 968 Instructions for Financial D REMINDER: For all item hay be used. G - At least \$150,000 bu H - At least \$250,000 bu J - At least \$250,000 bu J - At least \$500,000 bu J - At least \$750,000 bu K -\$1,000,000 or more JUDGES. (T Kevin (FIRST) NAY NUMBER, STREET ZIP COU DATE OF APPOINTMENT 03/15/2013 RE: 20 <u>17</u> I red exceeds \$1,000) A	G - At least \$150,000 but less than \$250,000 H - At least \$250,000 but less than \$500,000 J - 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 JUDGES. (Type or Print Clearly) Kevin A (FIRST) Nay NUMBER, STREET ZIP CODE: 96707 DATE OF APPOINTMENT 03/15/2013 RE: 20 17 I red exceeds \$1,000) M BUSINE POMESTIC PARTNER AND DEPENDENT CHILDRE red exceeds \$1,000)	A17 SOUTH KING STREET NOLULU, HAWAII 96813-2912 Instructions for Financial Disclosure Statement, REMINDER: For all items requiring a monetary hay be used. G - At least \$150,000 but less than \$250,000 H - At least \$250,000 but less than \$750,000 J - At least \$250,000 but less than \$1,000,000 K -\$1,000,000 or more JUDGES. (Type or Print Clearly) Kevin A (FIRST) (MIDDL Nay NUMBER, STREET ZIP CODE: 96707 DATE OF APPOINTMENT 03/15/2013 (808) RE: 20 17 I POMESTIC PARTNER AND DEPENDENT CHILDREN red exceeds \$1,000)	ME COURT CLERK'S OFFICE 417 SOUTH KING STREET NOLULU, HAWAII 96813-2912 Instructions for Financial Disclosure Statement, REMINDER: For all items requiring a monetary tay be used. G - At least \$150,000 but less than \$250,000 H - At least \$250,000 but less than \$500,000 J - At least \$500,000 but less than \$500,000 K - \$1,000,000 or more JUDGES. (Type or Print Clearly) Kevin A (FIRST) (MIDDLE) Nay NUMBER, STREET ZIP CODE: 96707 DATE OF APPOINTMENT OFFICE PHO 03/15/2013 (808) 954-801 Re: 20 17 I red exceeds \$1,000) A BUSINESS ADDRESS OMESTIC PARTNER AND DEPENDENT CHILDREN red exceeds \$1,000)	ME COURT CLERK'S OFFICE 417 SOUTH KING STREET NOLULU, HAWAII 96813-2912 THIS SPACE FC THIS SPACE FC 417 SOUTH KING STREET NOLULU, HAWAII 96813-2912 Instructions for Financial Disclosure Statement, REMINDER: For all items requiring a monetary may be used. Statement, Statement, C - At least \$150,000 but less than \$250,000 I - At least \$250,000 but less than \$750,000 J - At least \$250,000 but less than \$750,000 K - \$1,000,000 or more NAME OF SP Catherine (FIRST) WAY MME OF SP (FIRST) NAME OF SP Catherine (Do not includ 2 MUMBER, STREET 2

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)	M 5 EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A					
	NAME OF BUSINESS	NATURE O	FBUSINESS	NATURE OF INTEREST	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 INTERES	T UNDER ITEM 5 TRAM	NSFERRED DURING	THIS DISCLOSURE PERIOD		
	NAME OF BUSINESS	DATE OF	TRANSFER	VALUE OF T	RANSFER	
	Check here if entry is None	Check here if you ha	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	□ Check here if you h	TITLE ANI	D TERM OF OFFICE	COMPENSATION (enter amount or NONE)	

ITEM 8 RSCH 15(d)(4)	LIST CREDITORS, O PERIOD. LIST CREE	S, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE REDIT 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		
Central Pacif	ic Home Loans		I	I		
	Check here if entry is N	one Check	here if you have attached additional sheets			
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS HE	LD AN INTEREST WITH A FAIR MARKET VALUE	OF \$10,000 OR MORE.		
		POSTAL ZIP CODE OF LOC	ATION	VALUE		
96734				J		
	Check here if entry is N	one Check	here if you have attached additional sheets			
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE OF	WHICH EXCEEDS \$10,000, ACQUIRED DURING	THE DISCLOSURE PERIOD.		
POSTAL ZIP C	ODE OF LOCATION	NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVING	G CONSIDERATION GIVEN		
			CONSIDERATION			
∠ ⊂	heck here if entry is Nor	ne Check	here if you have attached additional sheets			
			-			
ITEM 11 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE OF	WHICH EXCEEDS \$10,000, TRANSFERRED DU	RING THE DISCLOSURE PERIOD.		
POSTAL ZIP C	ODE OF LOCATION	NAME AND ADDRESS OF P	ERSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVED		
L C	heck here if entry is Nor	ne 🗌 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.					
Ν	AME OF BUSINESS	NATURE OF BUSINESS NATURE OF INTERES		VALUE		
∠ c	check here if entry is None	Check here if you have attache	ed additional sheets	1		
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		
	check here if entry is None					
ITEM 14		Check here if you have attache	ed additional sneets			
RSCH 15(d)(8) & 22(h)	FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION					
I attended <u>46</u> 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: Kevin A. Souza DATE: 01/30/2018						

NOTE: This filing is not valid without a signature.