SUP	THIS SPACE FOR OFFICE USE ONLY Electronically Fileo Supreme Court			
Before completing this form please real including the text of Supreme Court Ru amount, the following financial range of A - Less than \$1,000 B - At least \$1,000 but less than \$10,00 C - At least \$10,000 but less than \$25,0 D - At least \$25,000 but less than \$50,00 E - At least \$50,000 but less than \$100 F - At least \$100,000 but less than \$150	SCFD-20-0000319 28-APR-2020 02:08 PM			
TO BE FILED BY ALL FULL TIME AND PER				
Shaw	(Type only) Natasha	Rani	NAME OF SPOUS	E OR DOMESTIC PARTNER:
NAME: (LAST)	(FIRST)	(MIDDLE)	None	
OFFICE ADDRESS: 1111 Alakea Stree	t NUMBER, STREET		No. of Dependent (Do not include na	
CITY OR TOWN: Honolulu	ZIP CODE:	96813	3	
JUDICIAL POSITION HELD	DATE OF APPOINTMENT	OF	FICE PHONE	
Per Diem District FC Judge	1/14/2019		(808) 954-	-8030
CALENDAR YEAR COVERED BY THIS DISCLOSU	^{RE:} 20 <u>19</u>			
ITEM 1 RSCH 15(d)(1) JUDICIAL COMPENSATIO	N		Υ	ANNUAL INCOME D
ITEM 2 JUDGE'S OTHER INCOME RSCH 15(d)(1) (if income for services rend	-		-ya	
EMPLOYER/LAW FIR Law Office of Natasha R. Shaw LLL		BUSINESS ADDR Sishop St.,#414, Hon, H		ANNUAL INCOME E

ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)	
2 7	EMPLOYER	ANNUAL INCOME
None		

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SOURCE NATURE OF SERVICES RENDERED AMOUNT AMOUNT	DUNT				
ITEM 5 EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A					
RSCH 15(d)(2) 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 AMO OR NO. OF Law Office of Natasha R. Shaw LLLC Law Firm Owner/Member 100	%				
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 NO (enter amount or NO	νE)				

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 ADDRES	S OF CREDITOR		ORIGINAL AMOUNT OWED	AMC	DUNT OWED AT END OF YEAR
C	Check here if entry is No	one Cheo	ck here if you h	ave attached additional sheets		
ITEM 9 RSCH 15(d)(5)				REST WITH A FAIR MARKET VALUE	OF \$10,000 OF	R MORE.
ITEM 10 RSCH 15(d)(5)	Check here if entry is No REAL PROPERTY, T ODE OF LOCATION		ck here if you h PF WHICH EXC NAM	ave attached additional sheets EEDS \$10,000. ACQUIRED DURING E AND ADDRESS OF PERSON REC SIDERATION		SURE PERIOD.
Check here if entry is None Check here if you have attached additional sheets						
ITEM 11 RSCH 15(d)(5)	ITEM 11 RSCH 15(d)(5) REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD.					
	ODE OF LOCATION			JRNISHING CONSIDERATION		CONSIDERATION RECEIVED

ITEM 12 RSCH 15(d)(6)							
	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE			
	Check here if entry is None	Check here if you have attached addi	itional sheets				
ITEM 13 RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct	RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE			
Check here if entry is None Check here if you have attached additional sheets							
ITEM 14 RSCH 15(d)(8) & 22(h)	RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
I attended <u>10</u> hours of Approved Judicial Education during the reporting period.							
REMARKS:							
See attached sheets.							
CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement.							
SIGNATURE: /	SIGNATURE: /s/ Natasha R. Shaw DATE: 4/28/2020						

NOTE: This filing is not valid without a signature.

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