



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-22-0000293  
23-APR-2026  
02:19 PM  
Dkt. 9 FDS**

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 SHOULD 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 only)

|                                                                               |                                                                  |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| NAME: <u>Dunn</u> <u>Christopher</u> <u>Martin</u><br>(LAST) (FIRST) (MIDDLE) | NAME OF SPOUSE OR DOMESTIC PARTNER:<br><u>[REDACTED]</u>         |
| OFFICE ADDRESS: <u>2145 Main Street</u><br>NUMBER, STREET                     | No. of Dependent Children:<br>(Do not include names)<br><u>3</u> |
| CITY OR TOWN: <u>Wailuku</u> ZIP CODE: <u>96793</u>                           |                                                                  |
| JUDICIAL POSITION HELD<br><u>District Court</u>                               | DATE OF APPOINTMENT<br><u>03/25/2021</u>                         |
|                                                                               | OFFICE PHONE<br><u>(808) 244-2846</u>                            |

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2025

|                         |                                                                                                                  |                           |
|-------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------|
| ITEM 1<br>RSCH 15(d)(1) | JUDICIAL COMPENSATION                                                                                            | ANNUAL INCOME<br><u>G</u> |
| ITEM 2<br>RSCH 15(d)(1) | JUDGE'S OTHER INCOME<br>(if income for services rendered exceeds \$1,000)                                        |                           |
|                         | EMPLOYER/LAW FIRM                                                                                                | BUSINESS ADDRESS          |
|                         |                                                                                                                  | ANNUAL INCOME             |
|                         |                                                                                                                  |                           |
| ITEM 3<br>RSCH 15(d)(1) | INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN<br>(if income for services rendered exceeds \$1,000) |                           |
|                         | EMPLOYER                                                                                                         | ANNUAL INCOME             |
|                         | <u>[REDACTED]</u>                                                                                                | <u>D</u>                  |
|                         | <u>[REDACTED]</u>                                                                                                | <u>B</u>                  |

|                                                                                                                                            |                                                                                                                                                                                    |                             |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|
| 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 RENDERED | AMOUNT                                 |
|                                                                                                                                            |                                                                                                                                                                                    |                             |                                        |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets |                                                                                                                                                                                    |                             |                                        |
| ITEM 5<br>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<br>OR NO. OF SHARES       |
|                                                                                                                                            |                                                                                                                                                                                    |                             |                                        |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional 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 TRANSFER                      |
|                                                                                                                                            |                                                                                                                                                                                    |                             |                                        |
|                                                                                                                                            |                                                                                                                                                                                    |                             |                                        |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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.                                                                             |                             |                                        |
|                                                                                                                                            | NAME OF BUSINESS                                                                                                                                                                   | TITLE AND TERM OF OFFICE    | COMPENSATION<br>(enter amount or NONE) |
|                                                                                                                                            |                                                                                                                                                                                    |                             |                                        |
|                                                                                                                                            |                                                                                                                                                                                    |                             |                                        |
| <input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets |                                                                                                                                                                                    |                             |                                        |

|                                                    |                                                                                                                                                                                        |                            |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| ITEM 8<br>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 |
| A.S.B.; P.O. Box 2300; Honolulu, HI 96804-2300     | F                                                                                                                                                                                      | F                          |
| Chase; 700 Kansas Lane; LA4-6633; Monroe, LA 71203 | I                                                                                                                                                                                      | I                          |
| Ford Credit; P.O. Box 542000; Omaha, NE 68154-8000 | D                                                                                                                                                                                      | D                          |

☐ Check here if entry is None

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|                             |                                                                                                       |  |
|-----------------------------|-------------------------------------------------------------------------------------------------------|--|
| ITEM 9<br>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                                                                                                 |  |
| 96768                       | K                                                                                                     |  |

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|                             |                                                                                                        |                                                    |                     |
|-----------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------|
| ITEM 10<br>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<br>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

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|                          |                                                                            |
|--------------------------|----------------------------------------------------------------------------|
| ITEM 12<br>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<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 |
|--------|---------------------|-----------------|
|        |                     |                 |

☒ Check here if entry is None

☐ Check here if you have attached additional sheets

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

I attended 36.00 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: /s/ Christopher M. Dunn

DATE: 04/23/2026

NOTE: This filing is not valid without a signature.