

SUPREME COURT CLERK'S OFFICE 417 SOUTH KING STREET HONOLULU, HAWAI'I 96813-2912

G - At least \$150,000 but less than \$250,000

H - At least \$250,000 but less than \$500,000

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

Electronically Filed Supreme Court SCFD-11-000027 29-APR-2015 03:11 PM

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
- I At least \$500,000 but less than \$750,000
- K -\$1,000,000 or more
- J At least \$750,000 but less than \$1,000,000

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.

(Type or Print Clearly) NAME OF SPOUSE OR DOMESTIC PARTNER: Remigio Catherine Haunani NAME: (MIDDLE) (FIRST) Joel Daniel Wintjen 4675 Kapolei Parkway OFFICE ADDRESS: No. of Dependent Children (Do not include names) NUMBER, STREET ZIP CODE: 96707 Kapolei CITY OR TOWN: JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE Judge 06/23/2011 808-954-8465 20 14 CALENDAR YEAR COVERED BY THIS DISCLOSURE: ANNUAL INCOME ITEM JUDICIAL COMPENSATION RSCH 15(d)(1) G ITEM JUDGE'S OTHER INCOME RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) ANNUAL INCOME EMPLOYER/LAW FIRM **BUSINESS ADDRESS** INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN ITEM RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) **EMPLOYER** ANNUAL INCOME F DoD

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 REN	DERED	AMOUNT	
VALUE OF \$5,000 OR MORE OR E	AL INTE QUAL T	REST, HELD IN AN O 10% OF THE OW	/ BUSINESS CARRY NERSHIP OF THE BU	NG ON BUSINESS IN THE JSINESS.	STATE, HAVING A	
NAME OF BUSINESS		NATURE O	F BUSINESS	NATURE OF INTERES	ENTER AMOUNT OR NO. OF SHARES	
Check here if entry is None		Check here if you h	ave attached addition	al sheets		
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						
LIST EACH OFFICERSHIP, DIRECT	ORSHI	P, TRUSTEESHIP O	R OTHER FIDUCIAR	Y RELATIONSHIP HELD IN	ANY BUSINESS.	
NAME OF BUSINESS		Check here if you h			COMPENSATION (enter amount or NONE)	
	Check here if entry is None EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EXAMPLE OF BUSINESS Check here if entry is None OWNERSHIP OR BENEFICIAL INTE NAME OF BUSINESS Check here if entry is None LIST EACH OFFICERSHIP, DIRECT NAME OF BUSINESS	Check here if entry is None EACH OWNERSHIP OR BENEFICIAL INTEVALUE OF \$5,000 OR MORE OR EQUAL TO NAME OF BUSINESS Check here if entry is None OWNERSHIP OR BENEFICIAL INTEREST NAME OF BUSINESS Check here if entry is None LIST EACH OFFICERSHIP, DIRECTORSHI NAME OF BUSINESS	Check here if entry is None	Check here if entry is None	REPEATED HERE SOURCE NATURE OF SERVICES RENDERED Check here if you have attached additional sheets EACH OWNERSHIP OR BENEFICIAL INTEREST. HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS. NATURE OF BUSINESS NATURE OF TRANSFER VALUE OF Check here if you have attached additional sheets VALUE OF Check here if entry is None Check here if you have attached additional sheets LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN NAME OF BUSINESS TITLE AND TERM OF OFFICE	

ITEM 8 RSCH 15(d)(4)	LIST CREDITORS, OTHER THAN CREDIT CARD ACC PERIOD. LIST CREDIT CARD DEBT THAT EXCEED	OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE DIT 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				
Freedom Mo	rtgage	Н	Н				
Navy Federa	CU	F	E				
HSFCU		В	В				
	Check here if entry is None	ere 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 LOCAT	VALUE					
96706			I				
	Check here if entry is None Check he	re if you have attached additional sheets					
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, THE FAIR MARKET VALUE OF W	HICH EXCEEDS \$10,000, ACQUIRED DURING	THE DISCLOSURE PERIOD.				
POSTAL ZIP C		NATURE OF INTEREST NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION					
		SHOIDERATION					
☐ 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 W	HICH EXCEEDS \$10,000, TRANSFERRED DUF	RING THE DISCLOSURE PERIOD.				
POSTAL ZIP C	ODE OF LOCATION NAME AND ADDRESS OF PER	RSON 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.						
N	AME OF BUSINESS	NATURE OF BUSINESS NATURE OF INTERES		VALUE			
☑ c	heck here if entry is None	Check here if you have attach	ed additional sheets				
ITEM 13 RSCH 15(d)(7); Rule 3.13 Revised Code of Judicial Conduct	CH 15(d)(7); e 3.13 GIFT(S) THAT MUST BE REPORTED UNDER RULE 3.13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT. inseed Code udicial						
	SOURCE	DESCRIPTION OF GIFT		ESTIMATED VALUE			
☑ c	heck here if entry is None	Check here if you have attach	ed additional sheets				
ITEM 14 RSCH 15(d)(8) & 22(h)	RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
I attended <u>53.50</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: AMAN ALINIS							
NOTE: This filing is not valid without a signature.							