as	SUPREME COURT CLERK'S OFFICE			FINANCIAL DISCLOSURE STATEMENT (SHORT FORM) THIS SPACE FOR OFFICE USE ONLY				
S STR	417 SOUTH KING STREET HONOLULU, HAWAI'I 96813-2912				Electronically Filed			
	INSTRUCTIONS					SCFD-11-0000292		
Persons v amendato	-	this requirement by using				02-MAY-2016 08:17 AM		
TO BE FII	ED BY ALL FULL-TIME AND PER DIEM JUE	OGES.						
		(Type or Print Clearl	/)					
NAME: V	ola Matthew		John		PARTN	OF SPOUSE OR DOMESTIC ER:		
	(LAST) (FI DDRESS: 4675 Kapolei Parkway	RST)	(MIDDLE	E)	Beverl	y M.H. Viola		
	NUMBER, S1							
CITY OR T	OWN: Kapolei	ZIP CODE:				Dependent Children: 2 include names)		
JUDICIAL District/F		of office <sup>N:</sup> 8/26/2010	<sup>ENDS:</sup> 8/25/	2016		OFFICE PHONE: 954-8009		
CALENDA	YEAR COVERED BY THIS DISCLOSURE:	2015						
	either number 1 or 2. If you check number		information.					
1.	I have no changes to report since r	my last filing.						
2.	✓ I have the following changes to rep	oort since my last filing:						
	ITEM# 5 Add TD Ameritrade Accounts Amounts of Prudential Retirement (HI State Defe			Char Share	-	As follows:		
	ITEM# 5 Add Fidelity Investments (Financial Servi	Delete ces) Investment Acco	unt; Amount c	] Char or Num	-	As follows:		
	ITEM# 8 Add Hawaii State Federal Credit Union (f	Ully paid off by year e	nd)	] Char	nge	As follows:		
	ITEM# 8 Add Honda Financial Services; Amount C	Delete Dwed at End of Year =	"C"	Char	nge	As follows:		

Check here if you have attached additional sheet(s).

FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION: (RSCH 15(d)(8) & 22(h))

I attended <u>27</u> hours of Approved Judicial Education during the reporting period.

I have reviewed my previous Disclosure of Financial Interests Statement filed with the Supreme Court Clerk's Office and all succeeding amendments. I hereby certify that the information I have provided on this form is a true, correct, and complete statement of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my reports were filed.

Signature Matthew J. Viola

\_\_\_\_ Date: \_\_\_\_\_016

Item 8 – Add as Follows		
Name and Address of Creditor	Original Amount Owed	Amount Owed At End Of Year
Discover Card P.O. Box 519089 Las Vegas, NV 90051-6208	С	С
Bank of America P.O. Box 851001 Dallas, TX 75285-1001	D	D

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