



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

FINANCIAL DISCLOSURE STATEMENT

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Electronically Filed
Supreme Court
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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
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 or Print Clearly)

NAME: Viola Matthew John
(LAST) (FIRST) (MIDDLE)

NAME OF SPOUSE OR DOMESTIC PARTNER:

Beverly M.H. Viola

OFFICE ADDRESS: 777 Punchbowl Street
NUMBER, STREET

No. of Dependent Children:
(Do not include names)

CITY OR TOWN: Honolulu ZIP CODE: 96813

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JUDICIAL POSITION HELD

DATE OF APPOINTMENT

OFFICE PHONE

Judge, First Circuit Court

December 20, 2017

808 539-4443

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2019

ITEM 1 RSCH 15(d)(1)	JUDICIAL COMPENSATION	ANNUAL INCOME G
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)	
	EMPLOYER/LAW FIRM	BUSINESS ADDRESS
	Self-employed/independent contractor	Honolulu, Hawaii, 96813
	(civil marriage ceremonies officiant)	ANNUAL INCOME B
ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)	
	EMPLOYER	ANNUAL INCOME
	Pediatric Physician's Group	Gross: H Net: G

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
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SOURCE	NATURE OF SERVICES RENDERED	AMOUNT

☒ Check here if entry is None

☐ Check here if you have attached additional sheets

ITEM 5 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.
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NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES
Nationwide Life Ins.	Insurance	Life Insurance (2)	E
Invesco	Financial Services	Ret. Account (2)	F
TD Ameritrade	Financial Services	Ret. Account	C
MML Invest. Services	Financial Services	Ret. Account	E
Prudential	Financial Services	Ret. Account	F

☐ 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.
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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.
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NAME OF BUSINESS	TITLE AND TERM OF OFFICE	COMPENSATION (enter amount or NONE)

☒ Check here if entry is None

☐ Check here if you have attached additional sheets

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 ADDRESS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR
	Bank of Hawaii (Box 2715 Honolulu, HI 96803)	J	A
	Discover Card (Box 519089, Las Vegas, NV 90051	B	A
	BofA Card (Box 851001, Dallas TX 75285)	D	A
	Chase Bank Card (Box 6190, 6190 Sioux Falls, SD 57117)	B	A
	Barclays Bank Card (Box8803 Wilmington DE 19899)	C	A
	Citi Group Visa Card (Box15298 Wilmington DE 19850)	B	A
<input type="checkbox"/> Check here if entry is None <input checked="" type="checkbox"/> Check here 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 LOCATION	VALUE	
	96816	K	
	96707	D	
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets			
ITEM 10 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
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if you have attached additional sheets			
ITEM 11 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
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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.
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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 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.
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SOURCE	DESCRIPTION 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)	FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION
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I attended 41.5 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: Matthew J. Viola

DATE: April 21, 2020

NOTE: This filing is not valid without a signature.

Item 5 Cont'd:

Name of Business	Nature of Business	Nature of Interest	Enter Amount or No. of Shares
Brighthouse Fin.	Financial Services	Ret. Account	C
Scholars Edge	Financial Services	529 Plan	D
Prudential	Financial Services	Def. Comp.	G
John Hancock	Financial Services	Ret. Account	C
Mass Mutual	Financial Services	Ret. Account	G
Fidelity Investments	Financial Services	Invest. Account	D

Item 8 Cont'd:

Name and Address Of Creditor	Original Amount Owed	Amount Owed At End Of Year
Nissan Motor Acceptance Corp (Box 660577, Dallas, TX 75266)	D	D
Hawaii State Federal Credit Union (560 Halekauwila St., Honolulu, HI 96813)	A	K