

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

K -\$1,000,000 or more

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

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

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

## FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed Supreme Court** SCFD-11-0000292 27-APR-2021 10:07 AM Dkt. 26 FDS

(Type or Print Clearly) NAME OF SPOUSE OR DOMESTIC PARTNER: Viola Matthew John (FIRST) (MIDDLE) Beverly M.H. Viola 777 Punchbowl Street OFFICE ADDRESS: No. of Dependent Children: (Do not include names) NUMBER, STREET ZIP CODE: 96813 Honolulu CITY OR TOWN: JUDICIAL POSITION HELD DATE OF APPOINTMENT OFFICE PHONE Judge, First Circuit Court 12/20/2017 808 539-4443 CALENDAR YEAR COVERED BY THIS DISCLOSURE: 20 20 ANNUAL INCOME ITEM JUDICIAL COMPENSATION RSCH 15(d)(1) G JUDGE'S OTHER INCOME ITEM (if income for services rendered exceeds \$1,000) RSCH 15(d)(1) **BUSINESS ADDRESS** ANNUAL INCOME EMPLOYER/LAW FIRM Self-employed/independent contractor Honolulu, Hawaii, 96813 B (civil marriage ceremonies officiant) INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN RSCH 15(d)(1) (if income for services rendered exceeds \$1,000) ANNUAL INCOME **EMPLOYER** Pediatric Physician's Group Gross: H Net: G

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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				
	SOURCE	NATURE	OF SERVICES RE	ENDERED	AMOUNT
	Check here if entry is None	Check here if you ha	ave attached addition	onal sheets	
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL INT VALUE OF \$5,000 OR MORE OR EQUAL	EREST, HELD IN ANY TO 10% OF THE OWI	' BUSINESS CARF NERSHIP OF THE	RYING ON BUSINESS IN THE S BUSINESS.	TATE, HAVING A
	NAME OF BUSINESS	NATURE O	F BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES
Nationwide L	ife Ins.	Insurance		Life Insurance (2)	E
Invesco		Financial Service	ces	Ret. Account (2)	F
TD Ameritrad	de	Financial Service	ces	Ret. Account	С
MML Invest.	Services	Financial Servi	ces	Ret. Account	F
Prudential		Financial Services		Ret. Account	F
	Check here if entry is None	Check here if you h	ave attached additi	onal sheets	
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTEREST	UNDER ITEM 5 TRA	NSFERRED DURII	NG THIS DISCLOSURE PERIO	D.
	NAME OF BUSINESS	DATE OF	TRANSFER	VALUE OF	[RANSFER
				:	
<b>_</b>	Check here if entry is None	Check here if you h	ave attached additi	ional 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 NONE)
<b>Z</b>	Check here if entry is None	Check here if you h	ave attached addit	ional sheets	

ITEM 8 L RSCH 15(d)(4)	LIST CREDITORS, O' PERIOD. LIST CRED	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 ADDRES		ORIGINAL AMOUNT OWED D	AMOUNT OWED AT END OF YEAR D	
Hawaii State Federal Credit Uni		ion (Honolulu, HI)	К	J	
☐ Ch	neck here if entry is No	one Check	there if you have attached additional sheets		
ITEM 9 F RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS HE	ELD AN INTEREST WITH A FAIR MARKET VALU	E OF \$10,000 OR MORE.	
00040		POSTAL ZIP CODE OF LOC	CATION	VALUE	
96816 96707				К	
90707				Б	
☐ Ch	neck here if entry is No	one Check	here if you have attached additional sheets		
ITEM 10 F RSCH 15(d)(5)	REAL PROPERTY, TI	HE FAIR MARKET VALUE OF	WHICH EXCEEDS \$10,000, ACQUIRED DURIN	G THE DISCLOSURE PERIOD.	
POSTAL ZIP CO	DE OF LOCATION	NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION	G CONSIDERATION GIVEN	
			CONORCIANTON		
☑ Che	ck here if entry is Nor	ne Check	there if you have attached additional sheets		
ITEM 11 I RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE OF	WHICH EXCEEDS \$10,000, TRANSFERRED DI	JRING THE DISCLOSURE PERIOD.	
POSTAL ZIP COL	DE OF LOCATION	NAME AND ADDRESS OF F	PERSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVED	
	:				
☑ Che	eck here if entry is Nor	ne Check	k here if you have attached additional sheets		

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ITEM 12 RSCH 15(d)(6)					
N	AME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE	
<b>Z</b> c	heck here if entry is None	☐ Check here if you have attac	hed additional sheets		
ITEM 13 RSCH 15(d)(7); Rule 3.13 Revised Code of Judicial Conduct	GIFT(S) THAT MUST BE REPO	ORTED UNDER RULE 3.13(c) OF THE HA	WAI'I REVISED CODE OF JUDICIAL CO	ONDUCT.	
	SOURCE	DESCRIPT	TION OF GIFT	ESTIMATED VALUE	
<b>Z</b> c	heck here if entry is None	☐ Check here if you have attac	hed additional sheets		
ITEM 14 RSCH 15(d)(8) & 22(h)	FULL-TIME JUDGES' APPROV	ED JUDICIAL EDUCATION			
I attended _1	2.00 hours of Approved Jud	icial Education during the reporting p	eriod.		
REMARKS:					
				,	
□ s	See attached sheets.				
CERTIFICATION	DN: I hereby certify that the above	is a true, correct, and complete statement			
SIGNATURE:	Matthew J. Viola	U	DA	TE: 04/27/2021	
NOTE: This	filing is not valid without a signatur	e.			

## 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	С
Scholars Edge	Financial Services	529 Plan	D
Prudential	Financial Services	Def. Comp.	G
John Hancock	Financial Services	Ret. Account	С
Mass Mutual	Financial Services	Ret. Account	Н
Fidelity Investments	Financial Services	Invest. Account	E