



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-11-0000292  
22-APR-2022  
01:15 PM  
Dkt. 28 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>Viola</u> <small>(LAST)</small>	NAME: <u>Matthew</u> <small>(FIRST)</small>	NAME: <u>John</u> <small>(MIDDLE)</small>	NAME OF SPOUSE OR DOMESTIC PARTNER:  <u>Beverly M.H. Viola</u>
OFFICE ADDRESS: <u>4675 Kapolei Parkway</u> <small>NUMBER, STREET</small>			No. of Dependent Children: <small>(Do not include names)</small>  <u>2</u>
CITY OR TOWN: <u>Kapolei</u>	ZIP CODE: <u>96707</u>		
JUDICIAL POSITION HELD <u>Judge, First Circuit Court</u>	DATE OF APPOINTMENT <u>12/20/2017</u>	OFFICE PHONE <u>808-954-8030</u>	

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2021

ITEM RSCH 15(d)(1)	1 JUDICIAL COMPENSATION	ANNUAL INCOME  G
-----------------------	----------------------------	------------------------

ITEM RSCH 15(d)(1)	2 JUDGE'S OTHER INCOME <small>(if income for services rendered exceeds \$1,000)</small>	
-----------------------	---	--

EMPLOYER/LAW FIRM <u>Self-employed/independent contractor</u>  <u>(civil marriage ceremonies officiant)</u>	BUSINESS ADDRESS <u>Honolulu, Hawaii 96813</u>	ANNUAL INCOME  B
--	---	------------------------

ITEM RSCH 15(d)(1)	3 INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN <small>(if income for services rendered exceeds \$1,000)</small>	
-----------------------	--	--

EMPLOYER <u>Pediatric Physician's Group</u>	ANNUAL INCOME  Gross: H  Net: E
--	---

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 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.
-------------------------	--

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)	G
TD Ameritrade	Financial Services	Ret. Account	C
MML Invest. Services	Financial Services	Ret. Account	F
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
-------------------------	---

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.
-------------------------	--

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
Nissan Motor Acceptance Corp (Dallas TX)	D	C
Hawaii State Federal Credit Union (Honolulu, HI)	K	J

Check here if entry is None       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

Check here if entry is None       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	CONSIDERATION GIVEN

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 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       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.

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

I attended 13.5 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: /s/ Matthew J. Viola      DATE: 4/22/2022

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 <b>Electronically File Supreme Court SCFD-11-0000292 22-APR-2022</b>
Scholars Edge	Financial Services	529 Plan	D <b>01:15 PM Dkt. 29 ATTCH</b>
Prudential	Financial Services	Def. Comp.	G
John Hancock	Financial Services	Ret. Account	C
Mass Mutual	Financial Services	Ret. Account	H
Fidelity Investments	Financial Services	Invest. Account	F
Zurich Life. Ins.	Financial Services	Ret. Account	A