FIN SUPREME COURT CLERK'S OFFICE AT SOUTH KING STREET HONOLULU, HAWAI'I 96813-2912 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 G - At least \$150,000 but less than \$250,000 B - At least \$10,000 but less than \$250,000 H - At least \$250,000 but less than \$500,000 C - At least \$50,000 but less than \$10,000 H - At least \$250,000 but less than \$500,000 B - At least \$50,000 but less than \$10,000 H - At least \$500,000 but less than \$500,000 C - At least \$100,000 but less than \$100,000 H - At least \$500,000 but less than \$500,000 B - At least \$100,000 but less than \$100,000 T - At least \$100,000 but less than \$100,000 T - Be FILED BY ALL FULL TIME AND PER DIEM JUDGES. T DE FILED BY ALL FULL TIME AND PER DIEM JUDGES.				THIS SPA E S 1 1 0	THIS SPACE FOR OFFICE USE ONLY Electronically Filed Supreme Court SCFD-11-0000292 17-APR-2024 02:39 PM Dkt. 34 FDS	
Viola		Matthew	pe only) John	NAME OF S	POUSE OR DOMESTIC PARTNER:	
NAME	(LAST)	(FIRST)	(MIDDLE)	Boyorly/		
,	4675 Kapolei Parkway	. ,	(M.H. Viola	
OFFICE ADDRES	SS [.]	BER, STREET		No. of Deper (Do not inclu	ident Children: de names)	
CITY OR TOWN:	Kapolei	ZIP COD	96707 E:	2		
JUDICIAL POSITI	ION HELD	DATE OF APPOINTMENT		OFFICE PHONE		
Judge, First (Circuit Court	12/20/	/2017	808-9	54-8030	
CALENDAR YEAF	R COVERED BY THIS DISCLOSURE:	20 <u>23</u>				
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 A	DDRESS	ANNUAL INCOME	
ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DOM (if income for services rendered		PENDENT CHILDREN			
EMPLOYER Pediatric Physicians Group					ANNUAL INCOME Gross: H	
					Net: F	

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	ANY OTHER INCOME, FOR SERVICES RENDERED, IN EXCESS OF \$1,000 - INCOME DISCLOSED IN ITEMS 1 - 3 NEED NOT BE REPEATED HERE						
SOURCE		Ν	NATURE OF SERVICES RENDERED		AMOUNT		
Check here if entry is None		Check here if you have attached additional sheets					
	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 O	NAME OF BUSINESS		RE OF BUSINESS	NATURE OF INTERES	ST ENTER AMOUNT OR NO. OF SHARES		
Nationwide Life Ins.		Insurance		Life Insurance (2)	E		
Invesco		Financial Se	ervices	Ret. Account (2)	F		
TD Ameritrade		Financial Se	ervices	Ret. Account	С		
MML Invest. Services		Financial Services		Ret. Account	F		
Fortitude Re		Financial Services		Ret. Account	F		
Check here if entry is None Check here if you have attached additional sheets							
ITEM 6 OWNER: RSCH 15(d)(2)	SHIP OR BENEFICIAL INTEREST U	NDER ITEM 5 TR.	ANSFERRED DURING TH	IIS DISCLOSURE PERIOD			
NAME C	NAME OF BUSINESS		E OF TRANSFER	VALUE OF TRANSFER			
Check here	if entry is None	Check here if you l	nave attached additional sh	neets			
ITEM 7 LIST EAC RSCH 15(d)(3)							
	NAME OF BUSINESS		TITLE AND TERM OF OFFICE		COMPENSATION (enter amount or NONE)		
	if entry is None		nave attached additional sh				

	RS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.					
NAME AND ADDF	ESS OF CREDITOR		ORIGINAL AMOUNT OWED	AMOL	JNT OWED AT END OF YEAR	
Nissan Motor Acceptance Corp (Dallas TX)			С		В	
Hawaii State Federal Credit	Jnion (Honolulu HI)		G		G	
Check here if entry is	None Cher	ck here if you h	ave attached additional sheets			
ITEM 9 REAL PROPERTY RSCH 15(d)(5)	IN THE STATE IN WHICH IS F	HELD AN INTEI	REST WITH A FAIR MARKET VALUE OF \$	10,000 OR I	MORE.	
	POSTAL ZIP CODE OF LO	CATION			VALUE	
96816				К		
96707					D	
Check here if entry is	None Che	ck here if vou h	ave attached additional sheets			
ITEM 10 REAL PROPERTY RSCH 15(d)(5)	, THE FAIR MARKET VALUE C		CEEDS \$10,000. ACQUIRED DURING THE	DISCLOSU	IRE PERIOD.	
POSTAL ZIP CODE OF LOCATION	NATURE OF INTEREST		IE AND ADDRESS OF PERSON RECEIVIN ISIDERATION	G	CONSIDERATION GIVEN	
		CON	SIDERATION			
Check here if entry is None Check here if you have attached additional sheets						
ITEM 11 REAL PROPERTY RSCH 15(d)(5)						
POSTAL ZIP CODE OF LOCATION NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION CONSID						
Check here if entry is	None Cher	ck here if vou h	ave 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 INTERES		VALUE			
	Check here if entry is None	Check here if you have attached addit	ional 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 HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.						
	SOURCE	DESCRIPTION OF GIFT		ESTIMATED VALUE			
	heck here if entry is None	Check here if you have attached addit	ional sheets				
ITEM 14 RSCH 15(d)(8) & 22(h)	FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION						
I attended <u>46</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: /	04/17/2024						

NOTE: This filing is not valid without a signature.

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