



SUPREME COURT CLERK'S OFFICE
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HONOLULU, HAWAII 96813-2912

FINANCIAL DISCLOSURE

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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 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> <u>Matthew</u> <u>John</u>	NAME OF SPOUSE OR DOMESTIC PARTNER:
(LAST) (FIRST) (MIDDLE)	Beverly M.H. Viola
OFFICE ADDRESS: <u>777 Punchbowl Street</u>	No. of Dependent Children:
NUMBER, STREET	(Do not include names)
CITY OR TOWN: <u>Honolulu</u> ZIP CODE: <u>96813</u>	2
JUDICIAL POSITION HELD	DATE OF APPOINTMENT
Judge, First Circuit	12/20/2017
OFFICE PHONE	539-4070

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2024

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 Self-employed/independent contractor (civil marriage ceremonies officiant)	BUSINESS ADDRESS Honolulu, Hawaii 96813	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 Pediatric Physician's Group	ANNUAL INCOME Gross: H Net: F	

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
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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
	Ameriprise Financial	Financial Services	Ret. & Life Ins. Accounts
	Charles Schwab	Financial Services	Ret. Accounts
	Scholars Edge	Financial Services	529 Plan
	Empower	Financial Services	Def. Comp.
	Mass Mutual	Financial Services	Ret. Account
<input type="checkbox"/> Check here if entry is None <input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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)
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 Hawaii State Federal Credit Union (Honolulu HI)	ORIGINAL AMOUNT OWED G	AMOUNT OWED AT END OF YEAR F

☐ 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 96816 96707	VALUE K C	

☐ 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 REVISED 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
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I attended 51.00 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: **04/09/2025**

NOTE: This filing is not valid without a signature.