Vive of the start \$10,000 Control test \$10,000 Start \$150,000 <th colspan="2">FINANCIAL DISCLOSURE STATEMENT THIS SPACE FOR OFFICE USE ONLY Electronically Filed Supreme Court SCFD-25-0000369 23-APR-2025 02:51 PM Dkt. 1 FDS</th>				FINANCIAL DISCLOSURE STATEMENT THIS SPACE FOR OFFICE USE ONLY Electronically Filed Supreme Court SCFD-25-0000369 23-APR-2025 02:51 PM Dkt. 1 FDS	
		e only)			
NAME:	Kyle	Timothy	NAME OF SPO	USE OR DOMESTIC PARTNER:	
(LAST)	(FIRST)	(MIDDLE)	Mary Grac	e A. Matias-Dowd	
OFFICE ADDRESS:	00 Ala Moana Blvd., Suite 7400		No. of Depende		
	NUMBER, STREET	00040	(Do not include	names)	
CITY OR TOWN:	ZIP COD	96813 E:	3		
JUDICIAL POSITION HELE	D DATE OF APPOINTMENT	0	FFICE PHONE		
Per Diem District Fa	amily Judge 04/19/	/2024	(808) 76	6-3238	
	RED BY THIS DISCLOSURE: 2024				
CALENDAR YEAR COVER	RED BY THIS DISCLOSURE: $2024$				
ITEM 1 RSCH 15(d)(1) JUDIC	CIAL COMPENSATION				
				D	
	GE'S OTHER INCOME ome for services rendered exceeds \$1,000)				
	EMPLOYER/LAW FIRM	BUSINESS ADDI		ANNUAL INCOME	
Law Office of Myles S. Breiner & Associates, ALC 1003 Bishop ST, Suite 2150, HNL,				F	
Law Office of Kyle T. Dowd, LLLC 500 Ala Moana Blvd., Suite 74			7400, HNL, HI	В	
	ME OF SPOUSE OR DOMESTIC PARTNER AND DE ome for services rendered exceeds \$1,000)	PENDENT CHILDREN			
	EMPLOYER			ANNUAL INCOME	
IMUA Orthopedics, Sports & Health			D		
O & E Matias Electrical				С	

Page 1

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	Ν	ATURE OF SERVICES R	ENDERED	AMOUNT
	Check here if entry is None	Check here if you h	ave attached additional sh	neets	
ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL IN VALUE OF \$5,000 OR MORE OR EQUA				TE, HAVING A
Law Office of	NAME OF BUSINESS		RE OF BUSINESS	NATURE OF INTERES	ST ENTER AMOUNT OR NO. OF SHARES 100%
	Check here if entry is None	Check here if you h	ave attached additional sh	neets	
ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTERE	EST UNDER ITEM 5 TR/	ANSFERRED DURING TH	HIS DISCLOSURE PERIOD	
	NAME OF BUSINESS	DATE	OF TRANSFER	VALUE	DF 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	Check here if you b	TITLE AND TE	ERM OF OFFICE	COMPENSATION (enter amount or NONE)

ITEM 8 RSCH 15(d)(4)		DRS, 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.				
Llondo Finon	NAME AND ADDRES	SS OF CREDITOR			AMO	
Honda Financial Services			С		C	
ITEM 9				ave attached additional sheets	10 000 OF	
RSCH 15(d)(5)						
		POSTAL ZIP CODE OF LO	CATION			VALUE
	Check here if entry is N	one Cheo	ck here if you h	ave attached additional sheets		
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE O	F WHICH EXC	EEDS \$10,000. ACQUIRED DURING THE	DISCLOS	URE PERIOD.
POSTAL ZIP C	POSTAL ZIP CODE OF LOCATION NATURE OF INTEREST NAM			IE AND ADDRESS OF PERSON RECEIVING ISIDERATION		CONSIDERATION GIVEN
_						
Check here if entry is None Check here if you have attached additional sheets						
ITEM 11 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 N	one Cheo	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 INTEREST	VALUE			
	Check here if entry is None	Check here if you have attached addi	tional 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 RE	EVISED CODE OF JUDICIAL CONDUCT.				
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE			
	Check here if entry is None	Check here if you have attached addi	tional sheets	I			
ITEM 14 RSCH 15(d)(8) & 22(h)	14						
I attended	hours of Approved Judicial I	Education during the reporting period.					
REMARKS:							
	See attached sheets.						
CERTIFICATIO	N: I hereby certify that the above is a true	e, correct, and complete statement.					
SIGNATURE: /	04/23/2025						
NOTE: This f	iling is not valid without a signature.						
JUD 101 (01/2020)				Page 4			
				SC-P-289			