

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

FINANCIAL DISCLOSURE STATEMENT

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Electronically Filed Supreme Court SCFD-11-0000292 27-APR-2011 02:21 PM

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
- 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.

|                         |   | (T)                                | ype or Print Clearly)                      |                       |                                  |                               |
|-------------------------|---|------------------------------------|--|-----------------------|----------------------------------|-------------------------------|
| NAME: Viola (LAST       | T)  | Matthew<br>(FIRST)                 | John                                       | (MIDDLE)              |                                  | OUSE OR DOMESTIC PARTNER:     |
| OFFICE ADDRESS: _       |   | NUMBER, STREET                     |  |                       | No. of Depend<br>(Do not include | ent Children:                 |
| CITY OR TOWN: K         | apolei  | ZIP CO                             | DE: 96707                                  | _                     | 2                                |                               |
| JUDICIAL POSITION F     |   | DATE OF APPOINTMENT 9/27/07 & 8/20 | 6/10                                       | OFFICE PH<br>954-8009 | ONE                              |                               |
| CALENDAR YEAR CO        | OVERED BY THIS DISCLOSUF                        | e: 20 <u>1</u> 0                   |  |                       |                                  |                               |
| ITEM 1<br>RSCH 15(d)(1) | JDICIAL COMPENSATION                            |                                    |  |                       |                                  | ANNUAL INCOME                 |
|                         | JDGE'S OTHER INCOME income for services rende   | red exceeds \$1,000)               |  |                       |                                  |                               |
| Attorney at I           | EMPLOYER/LAW FIRM Law Matthew J.                | Viola, LLLC                        | BUSINE<br>1132 Bishop S<br>Honolulu, HI 90 | •                     | 1860                             | ANNUAL INCOME Gross: D Net: C |
|                         | ICOME OF SPOUSE OR DE income for services rende |                                    | ND DEPENDENT CHILDF                        | REN                   |                                  |                               |
| Pediatric Ph            | nysicians Group                                 | EMPLOYER LLC                       |  |                       |                                  | ANNUAL INCOME Gross: H Net: E |



| ITEM 4<br>RSCH 15(d)(1)                               | ANY OTHER INCOME, FOR SERVICE REPEATED HERE   | S RENDERED, IN EXCES   | SS OF \$1,000 - INCO  | ME DISCLOSED IN ITEMS 1 -                     | 3 NEED NOT BE                             |
|---|---|--|-----------------------|---|---|
|   | SOURCE  | NATURE   | OF SERVICES REN       | DERED   | AMOUNT                                    |
| Ø   | Check here if entry is None   | Check here if you h  | ave attached addition | al sheets                                     |   |
| ITEM 5<br>RSCH 15(d)(2)                               | EACH OWNERSHIP OR BENEFICIAL VALUE OF \$5,000 OR MORE OR EQU                                      |  |                       |   | TATE, HAVING A                            |
|   | NAME OF BUSINESS  | NATURE O   | F BUSINESS            | NATURE OF INTEREST                            | ENTER AMOUNT<br>OR NO. OF SHARES          |
| <ol> <li>TD Ar</li> <li>Opper</li> <li>MML</li> </ol> | nwide Life Ins.<br>neritrade<br>nheimer Funds<br>nvestors Services, Inc.<br>ntial Financial, Inc. | Insurance<br>Brokerage/<br>Financial S<br>Financial S<br>Financial S | Services<br>Services  | Life Ins. (2)<br>IRA<br>IRA (2)<br>IRA<br>IRA | D (cash val.)<br>D<br>E<br>E<br>E         |
|   | Check here if entry is None   | Check here if you h  | ave attached addition | al sheets                                     |   |
| ITEM 6<br>RSCH 15(d)(2)                               | OWNERSHIP OR BENEFICIAL INTER   | EST UNDER ITEM 5 TRA   | NSFERRED DURING       | THIS DISCLOSURE PERIOD                        |   |
|   | NAME OF BUSINESS  | DATE OF  | TRANSFER              | VALUE OF TI                                   | RANSFER                                   |
|   | Check here if entry is None   | Check here if you h  | ave attached addition | al sheets                                     |   |
| ITEM 7<br>RSCH 15(d)(3)                               | LIST EACH OFFICERSHIP, DIRECTOR   | RSHIP, TRUSTEESHIP O   | R OTHER FIDUCIAR      | Y RELATIONSHIP HELD IN A                      | NY BUSINESS.                              |
|   | NAME OF BUSINESS  Check here if entry is None   | ☐ Check here if you h  | TITLE AN              | D TERM OF OFFICE                              | COMPENSATION<br>(enter amount or<br>NONE) |

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| ITEM 8<br>RSCH 15(d)(4)  | LIST CREDITORS, O<br>PERIOD. LIST CREE | THER THAN CREDIT CARD A<br>DIT CARD DEBT THAT EXCEE | ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS EDED \$10,000 FOR SIX MONTHS OR MORE. | AS OWED I   | DURING THE DISCLOSURE  |
|--------------------------|--|---|---|-------------|------------------------|
|                          | NAME AND ADDRES                        | SS OF CREDITOR                                      | ORIGINAL AMOUNT OWED  | AMOUN       | IT OWED AT END OF YEAR |
|                          | tt Ownership I                         | Resorts, Inc.                                       | D   | С           |                        |
|                          | ox 8038                                | 900   |   |             |                        |
| Lakeia                   | nd, Florida 33                         | 0802  |   |             |                        |
|                          |  |   |   |             |                        |
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|                          |  |   |   |             |                        |
|                          | Check here if entry is No              | one L Check   | here if you have attached additional sheets                                   |             |                        |
| ITEM 9<br>RSCH 15(d)(5)  | REAL PROPERTY IN                       | THE STATE IN WHICH IS HE                            | ELD AN INTEREST WITH A FAIR MARKET VALU                                       | E OF \$10,0 | 000 OR MORE.           |
|                          |  | POSTAL ZIP CODE OF LOCA                             | ATION   |             | VALUE                  |
| 96707 (fee               | e simple times                         | share)  |   | D           |                        |
|                          |  |   |   |             |                        |
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|                          | Check here if entry is No              | one Check   | here if you have attached additional sheets                                   |             |                        |
| ITEM 10<br>RSCH 15(d)(5) | REAL PROPERTY, T                       | HE FAIR MARKET VALUE OF                             | WHICH EXCEEDS \$10,000, ACQUIRED DURIN  | G THE DIS   | CLOSURE PERIOD.        |
| POSTAL ZIP C             | ODE OF LOCATION                        |   | NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION                            | 3           | CONSIDERATION GIVEN    |
|                          |  |   | CONOIDEIVITION  |             |                        |
|                          |  |   |   |             |                        |
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| <b>∠</b> Ch              | neck here if entry is Nor              |   | here if you have attached additional sheets                                   |             |                        |
| ITEM 11<br>RSCH 15(d)(5) | REAL PROPERTY, T                       | HE FAIR MARKET VALUE OF                             | WHICH EXCEEDS \$10,000, TRANSFERRED DU  | JRING THI   | E DISCLOSURE PERIOD.   |
| POSTAL ZIP C             | ODE OF LOCATION                        | NAME AND ADDRESS OF P                               | PERSON FURNISHING CONSIDERATION   |             | CONSIDERATION RECEIVED |
|                          |  |   |   |             |                        |
|                          |  |   |   |             |                        |
|                          |  |   |   |             |                        |
|                          |  |   |   |             |                        |
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| <u> </u> Cr              | neck here if entry is Nor              | ne Check  | here if you have attached additional sheets                                   |             |                        |

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| ITEM 12<br>RSCH 15(d)(6)   | CREDITOR INTEREST IN INSOLV                 | /ENT BUSINESS HAVING A VALUE OF          | \$5,000 OR MORE.                   |                  |
|--|---|--|------------------------------------|------------------|
| N  | AME OF BUSINESS                             | NATURE OF BUSINESS                       | NATURE OF INTEREST                 | VALUE            |
|  |   |  |                                    |                  |
|  |   |  |                                    |                  |
|  |   |  |                                    |                  |
|  |   |  |                                    |                  |
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| <b>☑</b> c   | heck here if entry is None                  | Check here if you have attach            | ed additional sheets               |                  |
| ITEM 13<br>RSCH 15(d)(7);<br>Rule 3.13<br>Revised Code<br>of Judicial<br>Conduct | GIFT(S) THAT MUST BE REPOR                  | TED UNDER RULE 3.13(c) OF THE HAW        | /AI'I REVISED CODE OF JUDICIAL COI | NDUCT.           |
|  | SOURCE                                      | DESCRIPTI                                | ON OF GIFT                         | ESTIMATED VALUE  |
|  |   |  |                                    |                  |
|  |   |  |                                    |                  |
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|  | heck here if entry is None                  | Check here if you have attach            | ed additional sheets               |                  |
| ITEM 14<br>RSCH 15(d)(8)<br>& 22(h)  | FULL-TIME JUDGES' APPROVED                  | ) JUDICIAL EDUCATION                     |                                    |                  |
| I attended   | 5 hours of Approved Judicia                 | al Education during the reporting pe     | riod.                              |                  |
| REMARKS:   |   |  |                                    |                  |
|  | • •   | or Judicial Position Held                | `                                  |                  |
| 1  | was a per diem judge                        | from 1/1/10 to 8/26/10;                  | i became a full-time jud           | ge on 8/26/10.   |
|  |   | nad a contract with the C                |                                    |                  |
|  | egai services to the Ho<br>as "D" for 2010. | onolulu Ethics Commiss                   | ion. The gross income              | to my law firm   |
|  |   |  |                                    |                  |
| □s   | ee attached sheets.                         |  |                                    |                  |
|  |   | a true, correct, and complete statement. |                                    | _                |
| SIGNATURE:   | Matthew J. Viola                            |  | DATE                               | E April 27, 2011 |
|  |   |  |                                    |                  |
| NOTE: This f   | iling is not valid without a signature.     |  |                                    |                  |

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| Item 5 (continued)                     |                    |                         |  |
|--|--------------------|-------------------------|--|
| Name of Business                       | Nature of Business | Nature of Interest      | Enter Amount<br>Electronically<br>or No. of Shares |
| MetLife Investors                      | Financial Services | IRA                     | C Supreme Cou                                      |
| Rydex Funds                            | Financial Services | IRA                     | C SCFD-11-0000                                     |
| Scholar's Edge                         | Financial Services | 529 Plan                | D27-APR-2011                                       |
| The Hartford                           | Financial Services | 401k                    | C 02:21 PM   |
| Comprehensive Financial Planning, Inc. | Financial Services | Deferred comp. (HI PTS) | D  |
| John Hancock Life Ins.<br>Co.          | Financial Services | IRA                     | С  |
| FTJ Fundchoice                         | Financial Services | IRA                     | С  |

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