HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle): Tam William M	**Date Received:**
STATE POSITION HELD: Deputy Director	'12 MAY 31 P2:45
DEPT/DIVISION or BOARD/COMMISSION: DLNR / Commission on Water Resources Managment	
TERM OF OFFICE (Begin/End): 01/03/2011 / 12/31/2014	STATE OF HAWAII STATE ETHICS COMMISSION

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
USE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source and amount of all income of $1,000 or more received during the preceding calendar year for services rendered (INCLUDING INCOME EARNED FROM YOUR STATE POSITION), and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State salary	E	Served as Deputy Director, DLNR / CWRM
F	House tenant - rent	B	Share house

☐ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of $5,000 or more or is equal to 10% or more of the ownership of the business. YOU ARE REQUIRED TO LIST ALL STOCKS, MUTUAL FUNDS OR OTHER NON-RETIREMENT INVESTMENT INTERESTS VALUED AT $5,000 OR MORE. Please see instructions available at http://hawaii.gov/ethics/forms/findisc/D-201-LONGINST.pdf.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	See attached sheet	Mutual Funds	Own shares in mutual funds	
F	Rite Aid	Stock	Shares in corporation	B

☐ **Check here if entry is None** ☑ **Check here if additional sheets are attached**

Addition to
Hawaii State Ethics Commission
Disclosure of Financial Interests
William M. Tam

Item 2 Ownership of Beneficial Interests in Business

All of the mutual funds listed below in the A and B accounts are managed by:
Northwest Mutual Investment Services
611 E. Wisconsin Ave. Suite 600
Milwaukee, Wisconsin 53202

None of the mutual funds are Hawaii based funds.
I do not own any individual stocks of Hawaii companies.

Mutual Fund	Value or # of shares
A Account	
Berkshire	C
AMCAP F-1	C
Am Century International Bond	B
Calvert Large Cap Gr.	C
Cap. World Gr & Inc.	D
Dodge & Cox International	D
Eagle Small Cap Gr.	B
Europacific Growth F-1	C
Fidelity Advisor Mid-Cap II	C
Fidelity Advisor New Insights	C
Fundamental Investors F-1	C
Perkins Mid-Cap	C
T Rowe Price Emerging Mkt	C
Stratton Small Cap	B
Tax Exempt Bond Fund	D
Vanguard REIT Index	C
Washington Mutual Investor	C
B Account	
Alliance Bernstein International	B
Alliance Bernstein Inter.Value	B
Capital World Gr & Inc.	C
DWS Large Cap. Value	B
DWS S&P 500 Index	B
DWS Gr. & Inc.	C
Dodge & Cox International	B
Europacific Gr Fund F-1	B

Fidelity Assest Mgr 50%	E
Harbor Cap. Appreciation	E
Oakmark International	C
Mutual Shares (Z)	F
Mutual Beacon (Z)	E
New World F-1	C
T Rowe Price New Horizons	D
T Rowe Price Sci & Tech	D
T Rowe Price Midcap	C

State of Hawaii Island Savings Plan – Retirement Account
Pauahi Twr, Ste 1160, 1003 Bishop St., Honolulu, Hawaii

Stable Value Fund	D
PIMCO Total Return Fund	A
BlackRock US Large cap Index	D
Victory Inst. Div Stock Fund	B
Wellington Research Value	C
EuroPacific Growth Fund	E
Harbor Small Cap Value	C
Century Small/Mid Cap	C

Alston Hunt Floyd & Ing – 401(k) Retirement Account
(Managed by The Hartford Retirement Services, Inc., P.O. Box 55274,
Boston, Mass. 02205)

Mutual Global Discovery A	E
American Century Heritage A	E
Aberdeen International Eq. A	E
T. Rowe Price Grw Adv	E

Individual Mutual Funds – IRA Accounts

Federated Kaufman Fund K (IRA)	C
Conesco Annuity (contract)	C
Fidelity Asset Mgr. 50%	C
Fidelity Asset Mgr. 70%	C
Fidelity Magellan	B

Individual Stock

RiteAid	A

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
F	Northwest Mutual manages accounts and trades in the market to rebalance broad mutual fund portfolio under pre-established general category guidelines. Aggregate gains and losses are summarized in reports, but operational details are not.	--

☐ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

ITEM 4: CREDITORS

List the name of each creditor to whom the value of $3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F	None	--	--

☐ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Marimed Foundation (non-profit) 45-021 Likeke Pl. Kaneohe, Hawaii 96744	Board Chair; Director	2006 - present 1984 - present	None
F	Polynesian Voyaging Society (non-profit) 10 Sand Island Access Pkwy. Honolulu, Hawaii 96819	Trustee	1998 - present	None
F	Trust for Public Land (non-profit) 1136 Union Mall, Suite 202 Honolulu, Hawaii 96813	Director	1993- present	None

☐ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of $10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
F	None		

☐ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of $10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
F	None	N/A	N/A

☐ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of $10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
F	None	N/A	N/A

☐ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
None	N/A

☐ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of $5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
F	None	N/A	N/A	N/A

☐ **Check here if entry is None** ☐ **Check here if additional sheets are attached**

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

William [illegible] 5/30/12

SIGNATURE DATE