# HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER						
Wong	Arnold				KH	
Last Nan	ne	First N	Name	M.I.		
FOR STATE EMPLOYEES		FOR STATE BOARD/COMMISSION MEMBERS				
	= = = 5 : = 5			se Commission		
Department						
Departin	ent		Board/Commission Name 09/01/2014 6/30/2015			
Division			BEGIN		ND	
DIVISION			Term of Of	ND		
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Position						
	OR EACH ITEM, EXCEPT ITEM 9, DISCLOABBREVIATIONS: "F" for filer, "SP" for spous					
	ITEM 1: INCOME FOR SERV		_			
	urce and amount of all income of \$1,000 or m EARNED FROM YOUR STATE POSITION), a				rvices rendered (INCLUDING	
F,SP,			1 110 001 11000 11			
DC,JT	NAME OF EMPLOYER / OTHER SOURCE(S	) OF INCOME	AMOUNT	SERVICES RENDI		
F	HI Ironworkers Stabilization Fund		F	Community R	elations	
Che	ck here if entry is None			Check here if addit	tional sheets are attached	
	ITEM 2: OWNERSHIF	OR BENEFIC	IAL INTERES	TS IN BUSINESSES		
	nount and identity of every ownership or bene interest has a value of \$5,000 or more or is					
LIST ALL S	STOCKS, MUTUAL FUNDS OR OTHER NO	N-RETIREMENT				
	e instructions available at					

### 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				
✓ Che	✓ Check here if entry is None					
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		
JT	Chase Home Financial	Н	E		
F	Audi Financial	E	С		
Che	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 OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Ironworkers Trust Fund	Trustee	2020	None
F	St Francis Foundation	Director	2016	None
F	Poi Dogs Popoki	Director	2017	None
Check here if entry is None Check here if additional sheets are attached				I 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.

property tri	at is your personal residence of the personal residence of	your spouse or c	ependent cilidit	en need not be n	
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)			VALUE
JT	98-1062C Komo Mai Drive		•		Н
Che	ck here if entry is None		Check here	if additional s	sheets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACQ	UIRED, EXCL	JDING PERSO	NAL RESIDEN	ICE(S)
List interes Real prope	ts in real property in or outside of the State acquired during rty that is your personal residence or the personal residence	the disclosure	period, if the inte	rest has a value	of \$10,000 or more.
F,SP,	STREET ADDRESS AND TAX MAP KEY NUMBER (IF	AMOUNT & NA	-		SON RECEIVING
DC,JT	TAX MAP KEY NUMBER EXISTS)	CONSIDERATI	ON PAID	THE CONSIDE	RATION
Che	ck here if entry is None	Г	Check here	if additional s	sheets are attached
<u> </u>	•	L			
List interes	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred dur	ing the disclosur	ELUDING PERS e period, if the in	SONAL RESIDI	ENCE(S) ue of \$10,000 or more.
	rty that was your personal residence or the personal residence				
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NA	TURE OF ON RECEIVED	NAME OF PER THE CONSIDE	SON FURNISHING RATION
,	,				
√ Che	ck here if entry is None		Check here	if additional s	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 State Legislature and DCCA				
HI Ironworkers Stabilization Fund		e Legisiature an	a DC	CA		
Check here if entry is None			Che	eck here if additional sh	eets are attached	
ITEM 10: CREDITOR I List the amount and identity of every creditor interest in inso \$5,000 or more.					erest has a value of	
F,SP, DC,JT NAME OF BUSINESS		NATURE OF BUSINE	SS	NATURE OF INTEREST	VALUE	
✓ Check here if entry is None						
FILER						
Arnold KH Wong 10/2/2014						
Arnold KH Wong  Type Name of Filer (First, M.I., Last)(Signature required	l on th	is line if you are filing:	a pape			
CERTIFICATION: By checking this box or signing your name on this form, you signify and affirm that						

CERTIFICATION: By checking this box or signing your name on this form, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.