HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER

Wong	Darryll	D. M.
Last Name	First Name	M.I.

FOR STATE EMPLOYEES	**FOR STATE BOARD/COMMISSION MEMBERS**
Department of Defense Department	Board/Commission Name
Office of the Adjutant General Division	**BEGIN** **END** *Term of Office (mm/dd/yyyy)*
Adjutant General Position	

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 of Hawaii Department of Defense 3949 Diamond Head Road Honolulu, HI 96816	G	Adjutant General and Director of State Civil Defense
F	DFAS-JFLL-IN 8899 East 56th Street Indianapolis, IN 46249	E	Hawaii National Guard
SP	TAJ Clubhouse Inc and TAJ Inc 1050 Ala Moana Boulevard Honolulu, HI 96814	B	Retail and Wholesale Business

☐ **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.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
SP	TAJ Clubhouse Inc. 1050 Ala Moana Boulevard Honolulu, HI 96814	Retail	65% ownership of business	N/A
SP	TAJ Inc 1029 Auahi Street Honolulu, HI 96814	Wholesale	65% ownership of business	NA

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

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

☑ **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

☑ **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

☑ **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	Seguache County Treasurer 5014th Street P.O. Box 177 Saguache, Colorado 81149	Parcel 460313400064 Baca Grande Grants Unit 1 Lot 1184 MAP 162.28AC	B

☐ **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

☑ **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

☑ **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

☑ **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

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

FILER

Type Name of Filer (First, M.I., Last)(Signature required on this line if you are filing a paper form) Date *(m/d/yyyy)*

☑ **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.