

MAUI COUNTY BOARD OF ETHICS
 c/o Department of the Corporation Counsel
 200 South High Street
 Wailuku, Maui, Hawaii 96793
 Phone: 270-7740 Facsimile: 270-7152

RECEIVED
 CORPORATION COUNSEL
 2011 MAR 18 AM 8:28

FINANCIAL DISCLOSURE STATEMENT

Name: Patrick K. Wong This is a: First-time filing
 (check one) Annual update
 Daytime Telephone Number: 808-214-4653 Interim new information update

Mailing Address: 2035 Main Street, Suite 2, Wailuku, HI 96793

I am a: Candidate for public office
 (check one) Name of public office: _____
 Date of filing of nomination papers: _____

Elected or appointed official of the County of Maui
 Position title: Corporation Counsel
 Date of election or appointment: March 14, 2011

Board or Commission member
 Name of Board/Commission: _____
 Date of appointment (month/year): _____

If this is an annual update and there are no changes of any kind from your last filing, please check this box and then go to the bottom of the last page. Please sign and date.

ITEM 1--ANNUAL INCOME (Include retirement income)		
OCCUPATION (For Previous Calendar Year)	EMPLOYER AND BUSINESS ADDRESS	ANNUAL COMPENSATION* (see letter code below)
Yourself: Attorney	Self-Employed 2035 Main St., Wailuku	F
Spouse: Attorney	Krueger Wong 2065 Main St., Wailuku	H
Dependent Children: N/A		
<input type="checkbox"/> No changes since last year's disclosure (to be used by updates only) <input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None		

*For dollar amount value, please use appropriate letter code as follows:

(A) Less than \$1,000	(D) \$25,000 to \$49,999	(G) \$200,000 to \$499,999
(B) \$1,000 to \$9,999	(E) \$50,000 to \$99,999	(H) \$500,000 to \$999,999
(C) \$10,000 to \$24,999	(F) \$100,000 to \$199,999	(I) \$1,000,000 or more

ITEM 2--OTHER EARNINGS, INCOME, OR COMPENSATION IN ANY FORM		
SOURCE	ANNUAL AMOUNT OR RANGE* (see letter code below)	CONSIDERATION PERFORMED OR GIVEN FOR COMPENSATION DISCLOSED IN THIS ITEM (if any)
N/A		
<input type="checkbox"/> No changes since last year's disclosure (to be used by updates only) <input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None		

ITEM 3--EACH OWNERSHIP OR BENEFICIAL INTEREST HELD IN ANY COMPANY CARRYING ON BUSINESS IN THE STATE (Including publicly traded companies in which you own stock)	
NAME, LOCATION & NATURE OF BUSINESS	PERCENT OWNERSHIP & VALUE OF YOUR INVESTMENT* (see letter code below)
N/A	
<input type="checkbox"/> No changes since last year's disclosure (to be used by updates only) <input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None	

ITEM 4--IDENTIFY EACH CREDITOR INTEREST CURRENTLY HELD BY YOU IN AN INSOLVENT BUSINESS	
NAME, LOCATION OF INSOLVENT BUSINESS	AMOUNT OWED* (see letter code below)
N/A	
<input type="checkbox"/> No changes since last year's disclosure (to be used by updates only) <input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None	

ITEM 5--YOUR PERSONAL RESIDENCE		
MORTGAGE HOLDER	PRESENT AMOUNT OWED* (see letter code below)	ADDRESS OF PROPERTY
Bank of America	H	12241 Old Haleakala Highway, Kula
<input type="checkbox"/> No changes since last year's disclosure (to be used by updates only) <input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None		

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(B) \$1,000 to \$9,999	(E) \$50,000 to \$99,999	(H) \$500,000 to \$999,999
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ITEM 6--OTHER DEBT (List all creditors and current debt owed: include mortgages, car and other loans, and credit cards-- list only if balance exceeds \$10,000 at any time over the last 12 months)

NAME OF CREDITORS	PRESENT AMOUNT OWED* (See letter code below)
First Hawaiian Bank (Mortgage)	D
Wailuku Fed Credit Union (Equity)	F
Maui County Fed Credit Union (Car)	C
Bank of America (Visa)	D
First Hawaiian Bank (Visa)	C
Bank of America (Visa)	D
The Student Loan Corp (Parent Plus)	D
Sallie Mae Servicing (Parent Plus)	C

No changes since last year's disclosure (to be used by updates only)
 Additional sheet attached None

ITEM 7--REAL PROPERTY INTERESTS OF ANY KIND IN MAUI COUNTY, EXCLUDING PERSONAL RESIDENCE (if owned by business entity, hui, or partnerships, indicate name of entity and general partner)

STREET ADDRESS (IF NONE, PROVIDE TAX MAP KEY NO.)	OWNERSHIP OF PROPERTY (HOW IS TITLE HELD)	PERCENT OWNERSHIP	VALUE OF YOUR INTEREST * or TAX ASSESSMENT (see letter code below)
2035 Main St., Wailuku HI 96793	Patrick & Cynthia Wong Trust	100%	G

No changes since last year's disclosure (to be used by updates only)
 Additional sheet attached None

ITEM 8--OFFICER, DIRECTOR, OR TRUSTEE POSITIONS (including companies and non-profits)

NAME AND LOCATION OF ORGANIZATION/BUSINESS	TYPE OF POSITION HELD	NATURE OF ORGANIZATION/BUSINESS
Maui Pop Warner Federation 378 Mokapu St., Kahului	Treasurer	Youth Sports
St. Anthony Jr.Sr. High 1618 Lower Main St., Wailuku	Vice-Chair	Jr./Sr. High School
Hui No Ke Ola Pono 95 Mahalani St., Wailuku	Chair	Health Care

No changes since last year's disclosure (to be used by updates only)
 Additional sheet attached None

Helio Endowment Fund President Education
 1885 Main ST., 404
 Wailuku, HI 96793

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 (B) \$1,000 to \$9,999 (E) \$50,000 to \$99,999 (H) \$500,000 to \$999,999
 (C) \$10,000 to \$24,999 (F) \$100,000 to \$199,999 (I) \$1,000,000 or more

ITEM 9--PERSONS, FIRMS OR ORGANIZATIONS YOU HAVE REPRESENTED BEFORE COUNTY AGENCIES IN THE LAST YEAR

NAME OF PERSON, FIRM OR ORGANIZATION	NAME OF COUNTY AGENCY	NATURE OF MATTER
N/A		

- No changes since last year's disclosure (to be used by updates only)
 Additional sheet attached None

ITEM 10--GIFTS: List gifts received from a single source with aggregate value of \$50 or more within the last year preceding the filing of this form (see instructions)


WHO RECEIVED GIFT (you, spouse, dependent child)	NATURE OF SOURCE, AND SOURCE'S BUSINESS ACTIVITY, IF ANY:	DESCRIPTION OF GIFT	DATE RECEIVED	VALUE OF GIFT (best estimate of value)
N/A				

- No changes since last year's disclosure (to be used by updates only)
 Additional sheet attached None

REMARKS: (Additional information or disclosures)

I anticipate receiving income earned for past services that will meet category F value upon resolution of claims. The compensation may be received over the next several years.

CERTIFICATION: I hereby certify under penalty of perjury that the above is a true, correct, and complete statement.


 SIGNATURE OF PERSON FILING DISCLOSURE
 Patrick Wong
 PRINT NAME

3/17/11
 DATE

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- | | | |
|--------------------------|----------------------------|----------------------------|
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