

Statement of Financial Interests for 2009



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
William	Tong	
Street Address 1:	Street Address 2:	
99 Chestnut Hill Road		
City:	State:	Zip:
Stamford	CONNECTICUT	06903
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-8747	william.tong@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Representative - Other
Name of District:	
147	
<input type="checkbox"/> If you have held a different state position or left state service in 2009	
<input type="checkbox"/> Previous Dual Employment	
Previous State Position:	Membership:
Name of Agency:	

SPOUSE

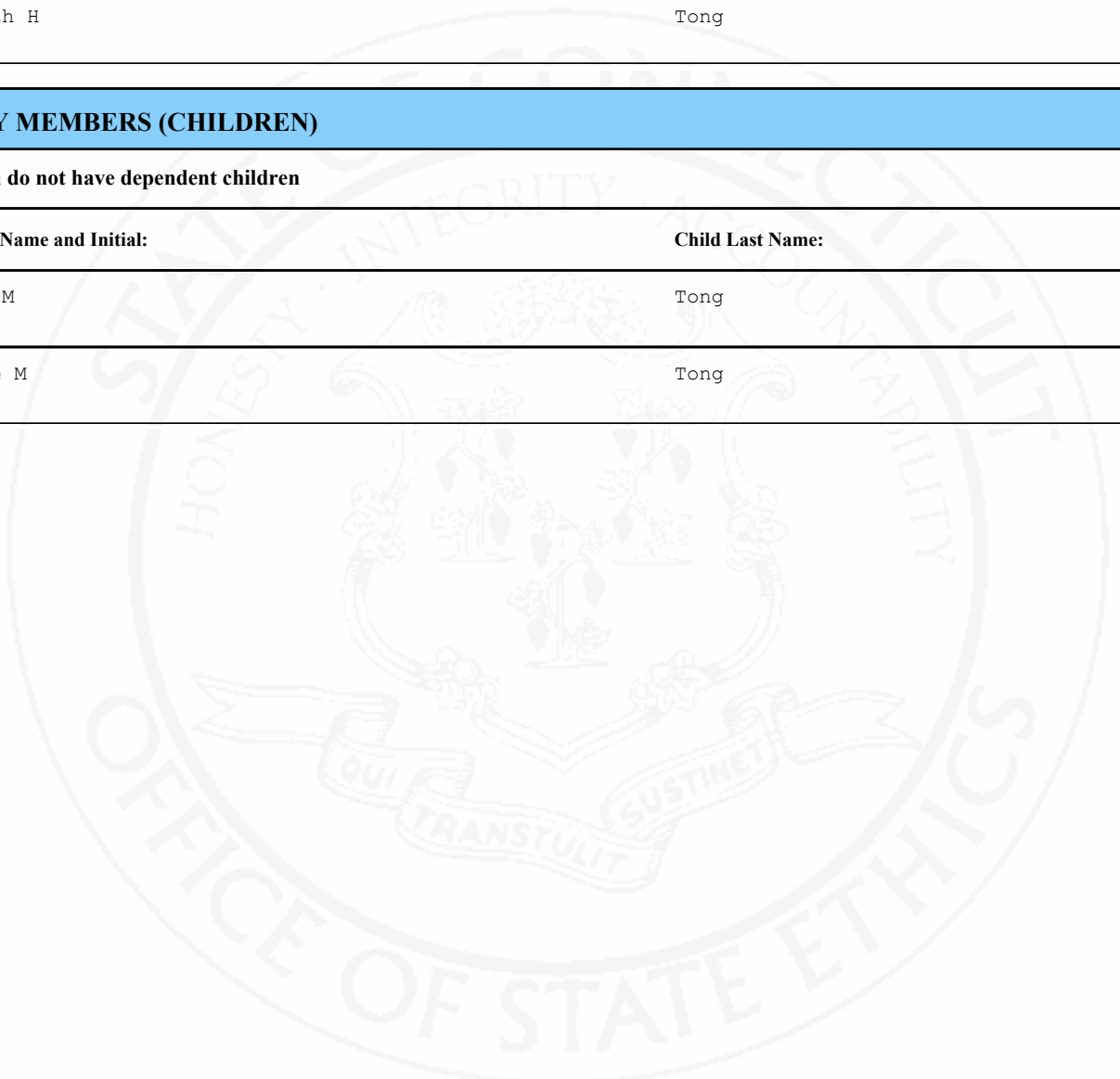
If you do not have a Spouse

Spouse First Name and Initial:	Spouse Last Name:
Elizabeth H	Tong

FAMILY MEMBERS (CHILDREN)

If you do not have dependent children

Child First Name and Initial:	Child Last Name:
Eleanor M	Tong
Penelope M	Tong



REAL PROPERTY

If you do not own a property

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

1193 Boulevard

City:

State:

Zip:

West Hartford

CONNECTICUT

06117

Country:

Owner or Beneficiary:

Owner

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

99 Chestnut Hill Road

City:

State:

Zip:

Stamford

CONNECTICUT

06903

Country:

Owner or Beneficiary:

Owner

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

BUSINESSES

BUSINESS (WITH WHICH ASSOCIATED)

If you are not associated with any business

Name of Business:

Person-to-Person

Street Address 1:

1864 Post Road

Street Address 2:

City:

Darien

State:

CONNECTICUT

Zip:

06820

Nature of Business:

Charity

Nature of Interest:

Member, Advisory Council

Interest Held By:

Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Name of Business:		
Sexual Assault Crisis and Education Center		
Street Address 1:		Street Address 2:
1 Dock Street		
City:	State:	Zip:
Stamford	CONNECTICUT	06901
Nature of Business:		Nature of Interest:
Social Services		Director
Interest Held By:		
Spouse		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Sampan Investment Holdings LLC		
Street Address 1:		Street Address 2:
99 Chestnut Hill Road		
City:	State:	Zip:
Stamford	CONNECTICUT	06903
Nature of Business:		Nature of Interest:
Property Investment		Owner-Member
Interest Held By:		
Joint		

Business Affiliation	
Category of Affiliated Business/Individual:	
No affiliation	
Business Affiliation	
Category of Affiliated Business/Individual:	
No affiliation	

BUSINESSES

TRUSTS

<input type="checkbox"/> If you are not part of a trust	
Name of Trust:	Name of Trustee(s):
Tong Irrevocable Family Trust	Elizabeth H Tong
Nature of Business:	Nature of Interest:
Family trust	Beneficiary
Beneficiary:	
Self	

Business Affiliation

Category of Affiliated Business/Individual:
No affiliation

Business Affiliation

Category of Affiliated Business/Individual:
No affiliation

INCOME SOURCES

If you do not have a Income Source(s)

Description of Source:

Capital Gains

Name of Employer or Other Source:

Charles Schwab Brokerage Account

Recipient:

Joint

Description of Source:

Capital Gains

Name of Employer or Other Source:

The Hartford 401K

Recipient:

Self

Description of Source:

Capital Gains

Name of Employer or Other Source:

The Hartford 401K

Recipient:

Spouse

Description of Source:

Capital Gains

Name of Employer or Other Source:

ING 401k

Recipient:

Spouse

Description of Source:
Capital Gains
Name of Employer or Other Source:
Charles Schwab Roth IRA
Recipient:
Spouse
Description of Source:
Capital Gains
Name of Employer or Other Source:
CHET 529 Account
Recipient:
Dependent Residing in Household
Description of Source:
Capital Gains
Name of Employer or Other Source:
USAA 529 Account
Recipient:
Dependent Residing in Household
Description of Source:
Dividends
Name of Employer or Other Source:
Charles Schwab Brokerage Account
Recipient:
Joint

Description of Source:
Salary/Wages
Name of Employer or Other Source:
Finn Dixon & Herling LLP
Recipient:
Self
Description of Source:
Salary/Wages
Name of Employer or Other Source:
Finn Dixon & Herling LLP
Recipient:
Spouse
Description of Source:
Salary/Wages
Name of Employer or Other Source:
State of Connecticut
Recipient:
Self
Description of Source:
Capital Gains
Name of Employer or Other Source:
Chet 529 Account
Recipient:
Dependent Residing in Household

BLIND TRUST

If you do not have a Blind Trust(s)

SECURITIES

If you had no interest in securities with a fair market value in excess of \$5,000 at any time during the calendar year

LEASES

If you do not have a State lease(s)

CONTRACTS

If you do not have a State contract(s)

CONFIDENTIAL ADDENDUM

I choose to retain confidentiality. Note: You must be ready to file all confidential information in this one session.

CERTIFICATION

- I UNDERSTAND that if I fail to file this statement timely and accurately, I may be subject to a penalty of up to \$10,000.
- I UNDERSTAND that all information I provide on this form shall be a matter of public record and may be disclosed by the Office of State ethics upon request, unless exempt from disclosure by General Statutes 1-83(c) or the Freedom of Information Act, Connecticut General Statutes 1-200 *et. seq* if I chose to retain confidentiality on my addendum.
- I UNDERSTAND that if, by reason of impossibility, I am unable to provide the information required by this form, I may petition the Citizen's Ethics Advisory Board for a waiver.
- I UNDERSTAND that I must file with the Office of State Ethics, a report of the payment or reimbursement of "necessary expenses" for lodging and/or out-of-state travel incurred by me, in my capacity as a public official or state employee, for an article, appearance, speech, or for my participation at an event, unless the payment or reimbursement is provided by the State of Connecticut, the federal government or another state government. I FURTHER UNDERSTAND that if, either intentionally or due to gross negligence, I fail to file such a report within thirty(30) days after receiving the payment or reimbursement, I will be required to return the payment or reimbursement and may be subject to a penalty for up to \$10,000.
- I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Financial Interests, including the Confidential Addendum, is a complete and accurate statement of financial interests, as defined by Connecticut General Statutes 1-83(b)(1), for myself, my spouse, and dependent residing in my household, during the calendar year 2009

I have read and agree to all above certifications.

Name:

William Tong

Filed Date and Time:

04/29/2010 3:37 PM