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

NAME (Last, First, Middle): Urasaki Jadine Y. **STATE POSITION HELD:** Deputy Director - Projects **DEPT/DIVISION or BOARD/COMMISSION:** Transportation **TERM OF OFFICE (Begin/End):** / 01/04/2011	**Date Received:** '12 MAY 21 A10 :24 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 of Hawaii Dept of Transportation -869 Punchbowl Honolulu Hawaii 96813	E	Employment - Deputy Director - Projects
F	Kamehameha Schools - 1887 Makuakane Street Honolulu Hawaii 96817	B	Employment - Coaching
SP	Parsons Brinckerhoff Inc. 1001 Bishop Street ASB Tower Suite 2400 Honolulu Hawaii 96813	G	Employment

☐ **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
	All c/o Merrill Lynch 1003 Bishop Street Suite 3000 Honolulu Hawaii 96813:			
JT	Hawaiian Electric Industries	Utility	Shareholder	F
	LEGG Mason CB Appreciation CL	Mutual Fund	Shareholder	B
JT	Bank of Hawaii Corporation	Banking	Shareholder	C
	All c/o Charles Schwab: 700 Bishop Street Suite 100 Honolulu Hawaii 96813			
JT	Cisco Systems	Comm. equipment	Shareholder	D
JT	Coca Cola Company	Beverages	Shareholder	B
JT	Illinois Toolsworks	Manufacturer	Shareholder	C
JT	Apple Inc	Computer	Shareholder	E
JT	Ebay Inc	Internet software	Shareholder	C
JT	Linn energy	Utility	Shareholder	C

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

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F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
	Continued: c/o Charles Schwab 700 Bishop Street Suite 100 Honolulu Hawaii 96813			
JT	Microsoft	Computer software	Shareholder	C
JT	Monsanto Co.	Agriculture	Shareholder	B
JT	Target Corp	Retail	Shareholder	B
JT	Verizon Communications	Communications	Shareholder	C
JT	Pepsi	Beverages	Shareholder	B

☐ **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
JT	Bank of America	G	G

☐ **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
SP	Parsons Brinckerhoff Inc. 1001 Bishop Street ASB Tower Suite 2400 Honolulu Hawaii 96813	Vice President	2009-Present	G

☐ **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

☑ **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**

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.

Jaime G. Masani 5.18.12

SIGNATURE DATE