

HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER		
Urasaki	Jadine	Y
Last Name	First Name	M.I.
FOR STATE EMPLOYEES		FOR STATE BOARD/COMMISSION MEMBERS
Transportation Department		Board/Commission Name
Administration Division		BEGIN _____ END _____ <i>Term of Office (mm/dd/yyyy)</i>
Deputy Director - Projects Position		

Check either number 1 or 2. If you check number 2, provide the relevant information.

- 1. I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.**
- 2. I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING.** For each addition, deletion, or other change of a financial interest: (1) Indicate who holds the interest, by checking one of the following: "Filer," if you hold the interest; "Spouse," if your spouse holds the interest; "Dependent Child," if your dependent child holds the interest; or "Jointly," if you and your spouse jointly hold the interest; (2) Check "Addition," to indicate the addition of an interest; "Deletion," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; (3) Describe the interest by following the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions." Also, provide the appropriate item number for the interest you are describing.

<u>Check One:</u> Filer Spouse Dependent Child <input checked="" type="checkbox"/> Joint	<u>Check One:</u> Addition <input checked="" type="checkbox"/> Deletion Change	ITEM # <u>2</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Deletions: LEGG Mason CB Appreciation CL Mutual Fund, Shareholder, B Cisco Systems, Communication Equipment, Shareholder, D Illinois Toolworks, Manufacturer, Shareholder, C
<u>Check One:</u> Filer Spouse Dependent Child <input checked="" type="checkbox"/> Joint	<u>Check One:</u> Addition <input checked="" type="checkbox"/> Deletion Change	ITEM # <u>2</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Deletions: Monsanto Co., Agriculture, Shareholder, B Verizon Communications, Communications, Shareholder, C
<u>Check One:</u> Filer Spouse Dependent Child <input checked="" type="checkbox"/> Joint	<u>Check One:</u> Addition Deletion <input checked="" type="checkbox"/> Change	ITEM # <u>2</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Changes: Apple Inc, Computer, Shareholder, D
<u>Check One:</u> Filer Spouse Dependent Child <input checked="" type="checkbox"/> Joint	<u>Check One:</u> <input checked="" type="checkbox"/> Addition Deletion Change	ITEM # <u>2</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") Additions: AT&T, Communications, Shareholder, C Frontier Communications, Communications, Shareholder, A Lily Eli & Co., Pharmaceutical, Shareholder, B

<u>Check One:</u> Filer Spouse Dependent Child Joint	<u>Check One:</u> Addition Deletion Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
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<u>Check One:</u> Filer Spouse Dependent Child Joint	<u>Check One:</u> Addition Deletion Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")

STATE OF HAWAII
STATE ETHICS COMMISSION
MAY 21 4:55

FILER

Jadine Y. Urasaki

5/19/2013

Print Name of Filer (*First M.I. Last*)

Date (*m/d/yyyy*)

CERTIFICATION: By checking this box, 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.