



FORM
GD1
(Rev. 5/2013)

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HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

STATE OF HAWAII
STATE ETHICS COMMISSION

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

FILER

Yogi	Dean	K.
Last Name	First Name	M.I.
Department of Transportation	Right-of-Way Manager	
State Agency	State Position	

CONTACT INFORMATION

Department of Transportation, Highways Division, Right-of-Way Branch
 601 Kamokila Blvd., Room 691
 Number and Street or P.O. Box

Kapolei	HI	96707
City	State	Zip Code
(808) 692-7325	dean.yogi@hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|--|-------------------------------------|
| 1. | Donor: <u>R. M. Towill Corporation</u> | Date Received: <u>Nov. 11, 2011</u> |
| | Gift (Description): <u>Golf</u> | Value/Cost: <u>\$103.50</u> |
| 2. | Donor: <u>R. M. Towill Corporation</u> | Date Received: <u>July 19, 2011</u> |
| | Gift (Description): <u>Golf</u> | Value/Cost: <u>\$117.00</u> |
| 3. | Donor: <u>SSFM International, Inc.</u> | Date Received: <u>May 12, 2010</u> |
| | Gift (Description): <u>Golf tournament</u> | Value/Cost: <u>\$236.67</u> |
| 4. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |
| 5. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |

Check here if additional sheets are attached

FILER

<u>DEAN K. YOGI</u>	<u>6/13/2014</u>
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.