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FORM
GD1
(Rev. 5/2013)



**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

Ando Marshall H.
Last Name First Name M.I.
Dept. of Transportation, Highways Division Engineering Program Manager
State Agency State Position

CONTACT INFORMATION

Dept. of Transportation, Highways Division, Design Branch
601 Kamokila Blvd., Room 688A
Number and Street or P.O. Box
Kapolei HI 96707
City State Zip Code
(808) 692-7559 Marshall.Ando@hawaii.gov
Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- ** * 1. Donor: Mitsunaga & Associates and/or TM Designers Date Received: 08/11/2010
Gift (Description): Golf Tournament; prizes Value/Cost: > \$433.33
- ** * 2. Donor: Mitsunaga & Associates Date Received: 06/28/2010
Gift (Description): Golf Tournament Value/Cost: \$405
- ** * 3. Donor: Mitsunaga & Associates Date Received: 06/10/2010
Gift (Description): Golf Tournament; prize Value/Cost: > \$360
- ** * 4. Donor: R. M. Towill Corporation Date Received: 05/12/2010
Gift (Description): Golf Tournament Value/Cost: \$216.67
- ** * 5. Donor: Mitsunaga & Associates Date Received: 08/07/2009
Gift (Description): Golf Tournament Value/Cost: \$320

Check here if additional sheets are attached

FILER

MARSHALL H. ANDO [Signature] 1/28/2015
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.

** Employed at Department of Transportation, Harbors Division, Engineering Branch, as Design Section Head.

* Reporting this based on records produced to the Hawaii State Ethics Commission. I cannot definitely confirm whether or not I attended this golf tournament

REC'D BY HAND DELIVERY

GIFTS DISCLOSURE STATEMENT FORM – ADDITIONAL SHEET

Name: Marshall H. Ando Date: 1/28/2015 Page 2 of 2

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- ** * • Donor: Mitsunaga & Associates and/or TM Designers Date Received: 07/23/2009
Gift (Description): Golf Tournament; prizes Value/Cost: > \$433.33
- ** * • Donor: Mitsunaga & Associates Date Received: 06/29/2009
Gift (Description): Golf Tournament Value/Cost: \$405
- ** * • Donor: Mitsunaga & Associates Date Received: 06/18/2009
Gift (Description): Golf Tournament; prize Value/Cost: > \$360
- ** * • Donor: R. M. Towill Corporation Date Received: 04/24/2009
Gift (Description): Golf Tournament Value/Cost: \$500
- ** * • Donor: KAI Hawaii Date Received: 10/03/2008
Gift (Description): Golf Tournament Value/Cost: \$250
- ** * • Donor: Mitsunaga & Associates Date Received: 09/15/2008
Gift (Description): Golf Tournament Value/Cost: \$180
- ** * • Donor: Mitsunaga & Associates Date Received: 07/30/2008
Gift (Description): Golf Tournament Value/Cost: \$800
- ** * • Donor: Mitsunaga & Associates and/or TM Designers Date Received: 07/17/2008
Gift (Description): Golf Tournament; prizes Value/Cost: > \$433.33
- ** H • Donor: Mitsunaga & Associates Date Received: 06/30/2008
Gift (Description): Golf Tournament Value/Cost: \$405
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

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H Reporting this based on records produced to the Hawaii State Ethics Commission. I proffered evidence to the Commission that I was on sick leave at that time.