HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

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|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------|
| FILER | | | | | |
| Urasa | aki | Jad | ine | | Υ. |
| Last Na | ame | First | Name | | M.I. |
| FOR S | STATE EMPLOYEES | · | FOR STA | TE BOARD/COMMISS | ION MEMBERS |
| Trans | sportation | | | | 2. 2 . 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. |
| Departr | | | Board/Cor | nmission Name | |
| 1.0 | inistration | | 20010001 | minocion ricano | |
| Division | | | BEGIN | END | |
| ARCENO | W SELECTION W | | | ffice (mm/dd/yyyy) | |
| · · | uty Director | | | 3,7,7,7 | |
| Position | n . | | | | |
| USE | FOR EACH ITEM, EXCEPT ITEM 9, DISCLE E ABBREVIATIONS: "F" for filer, "SP" for spous ITEM 1: INCOME FOR SERV source and amount of all income of \$1,000 or m E EARNED FROM YOUR STATE POSITION), | se, "DC" for deper ICES RENDER nore received du | endent children RED FOR PRE Iring the preced | i, and "JT" for joint interests o ECEDING CALENDAR YEA ding calendar year for service | f the spouse and filer. |
| F,SP, | 7,1 | and the malayer | 1 | o.idered. | |
| DC,JT | NAME AND ADDRESS OF SOURCE OF INC | OME | AMOUNT | SERVICES RENDERED |) |
| F | State of Hawaii - Department of | | F | Deputy Director | |
| | Transportation | | | | |
| | 869 Punchbowl Street Honolulu Hawaii 96813 | | | | |
| F | Kamehameha Schools Kapalama | a Campus | В | Head Coach Girls | Varsity II |
| | 1887 Makuakane Street | a Gampao | | Basketball | varsity ii |
| | Honolulu Hawaii 96817 | | | | |
| SP | Parsons Brinckerhoff Inc. | | G | Vice President | |
| | 1001 Bishop Street Suite 2400 Honolulu Hawaii 96813 | | | | |
| | nonolulu nawali 96813 | | | | |
| Сн | neck here if entry is None | | | Check here if additiona | I sheets are attached |
| State if th | ITEM 2: OWNERSHIF amount and identity of every ownership or bene the interest has a value of \$5,000 or more or is a STOCKS, MUTUAL FUNDS OR OTHER NOT uctions available at http://hawaii.gov/ethics. | ficial interest hel | d during the di | sclosure period in any busine mership of the business. YOU | ARE REQUIRED TO |
| F,SP, DC,JT | BUSINESS NAME AND ADDRESS | NATURE OF B | USINESS | NATURE OF INTEREST | VALUE OR NO. OF SHARES |
| JT | c/o Merrill Lynch 1003 Bishop Street Penthouse Honolulu Hawaii 96813 | | | | |

Steel/mining Co.

Banking

Financial

Banking

Government

Corporate Bond

Corporate Bond

Corporate Bond

Corporate Bond

Municipal Bond

Arcelormittal

Service

Abbey National Treasury

Goldman Sachs Group Inc

Honolulu Hawaii City & County

Jefferies Group Inc

Check here if entry is None

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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 DIS | CLOSURE PERIOD | DATE OF TRANSFER |
|---------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------|----------------------------------------------|-------------------------|
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| √ Ch | eck here if entry is None | | | Check here if addition | nal sheets are attached |
| List the na | ame of each creditor to whom the value of \$3 utstanding. Exclude debts from retail installm | ITEM 4: CREDITOR 3,000 or more was owed d nent transactions for the pu | luring the | disclosure period and the of consumer goods. | e original amount and |
| F,SP, DC,JT | NAME OF CREDITOR | | | ORIGINAL AMOUNT | AMOUNT OUTSTANDING |
| JT | Merrill Lynch | | | G | F |
| | | | | | |
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| Che | eck here if entry is None | | | Check here if addition | al sheets are attached |
| List every organizatio | ITEM 5: OFFICE officership, directorship, trusteeship, or othe on, the term of office, and the annual compe | RSHIPS, DIRECTORSH r fiduciary relationship held nsation. | IIPS, TR | RUSTEESHIPS the disclosure period in a | ny business or |
| F,SP, DC,JT | NAME AND ADDRESS OF BUSINESS | TITLE HELD | 1 | ERM OF OFFICE | ANNUAL COMPENSATION |
| SP | Parsons Brinckerhoff Inc | Vice President | | 009-present | G |
| | 1001 Bishop Street Suite 2400 Honolulu Hawaii 96813 | | | | |
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| Che | ck here if entry is None | _L | | Check here if addition | al sheets are attached |
| | | ASSESS SCHOOL SECURIORISM | | | |

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 | | | X MAP | VALUE |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------|-------------------|----------------------------|--------------------------|
| 00,01 | OTICE! ABBREOG | KET NOWBER | , E/ | (1313) | | VALUE |
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| ✓ Che | ck here if entry is None | 20 (corpor) 12 | | Check here | if additional s | sheets are attached |
| List interes Real prope | ITEM 7: INTERESTS IN REAL PROPERTY ACC sts in real property in or outside of the State acquired during arty that is your personal residence or the personal residen | a the disclosure | pe | riod, if the inte | rest has a value | of \$10,000 or more |
| F,SP, DC,JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | AMOUNT & NA | | | NAME OF PER THE CONSIDE | SON RECEIVING RATION |
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| ✓ Che | ck here if entry is None | | | Check here | if additional s | heets are attached |
| List interest Real prope | ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred duri rty that was your personal residence or the personal residence. | ing the disclosur | re r | eriod if the in | terest has a valu | e of \$10,000 or more |
| F,SP, DC,JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | AMOUNT & NA CONSIDERATI | | | NAME OF PERS | SON FURNISHING RATION |
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| ✓ Chec | ck here if entry is None | | | Check here | if additional sl | heets 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 | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------|
| | | | · |
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| | | | |
| ✓ Check here if entry is None | Che | eck here if additional she | eets are attached |
| ITEM 10: CREDITOR II List the amount and identity of every creditor interest in insol \$5,000 or more. | NTERESTS IN INSOLVENT BU vent businesses, held during the | JSINESSES disclosure period, if the inte | rest has a value of |
| F,SP, DC,JT NAME AND ADDRESS OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE |
| | | | |
| | | | |
| | | | |
| Check here if entry is None | Che | ck here if additional she | ets are attached |
| Jadine Y. Urasaki | masi- | 5/26/20 | 14 |
| ype Name of Filer (First, M.I., Last)(Signature required of | on this line if you are filing a pape | | |
| CERTIFICATION: By checking this box of you are the person whose name appears form is true, correct and complete to the byou understand that there are statutory per Hawaii law. | r signing your name on the as the "Filer" above and the set of your knowledge ar | nis form, you signify a the information conta nd belief. You further | and affirm that ined in the certify that |

Jadine Y. Urasaki May 26, 2014

| Item | #2: | Cont | inu | ed |
|------|-----|------|-----|----|
|------|-----|------|-----|----|

| F, SP, | Business name and Address | Nature of Business | Nature of Interest | Value or no. of |
|-----------|----------------------------------------------------------------------------|-----------------------------------|--------------------|-----------------|
| DC, JT | | | | shares |
| JT | Puerto Rico Comwlth Govt | Government | Municipal Bond | D |
| JT | Hawaii State | Government | Municipal Bond | D |
| JT | Bank Hawaii Corp | Banking | Shareholder | D |
| JT | Hawaiian Electric Industries | Utility | Shareholder | E |
| JT | Pimco High Yield FD | Global Investment management firm | Mutual Fund | E |
| JT | Pimco Short Term FD | Global Investment management firm | Mutual Fund | D |
| | c/o Charles Schwab 700 Bishop Street Suite 100 Honolulu Hawaii 96813 | | | |
| JT | AT&T Inc | Telecommunications | Shareholder | C |
| JT | Apple Inc | Computers | Shareholder | E |
| JT | Coca Cola Company | Beverages | Shareholder | В |
| JT | Ebay Inc | Commerce | Shareholder | С |
| JT | Lilly Eli & Company | Pharmaceutical | Shareholder | В |
| JT | Microsoft Company | Computers | Shareholder | С |
| JT | Pepsico Incorporated | Beverages | Shareholder | В |
| JT | Target Corporation | Retail | Shareholder | В |
| JT | LINN Energy | Energy | Shareholder | С |
| | | | | |