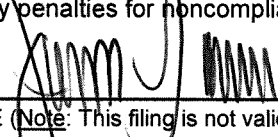


<p>Circle One:</p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Jointly	<p>Circle One:</p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p>
<p>Circle One:</p> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Jointly	<p>Circle One:</p> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	<p>ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")</p>
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STATE OF HAWAII
 ETHICS COMMISSION
 '11 JUL 28 P 1:51

CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. 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.


07/25/11

SIGNATURE (Note: This filing is not valid without an original signature.) DATE