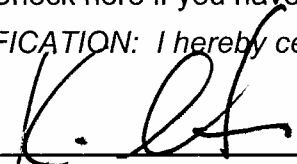


| 1 | DONOR | 2 | 3 | DATE REC'D | 4 | GIFT VALUE | 5 | AGG. VALUE |
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| | | STATE OF HAWAII STATE ETHICS COMMISSION | | | | | | |
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____ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.


SIGNATURE

5/24/07
DATE