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STATE OF HAWAII  
 STATE ETHICS COMMISSION  
 MAY 30 P 3:22

**FILER**

Scott Y. Nishimoto

5/30/2013

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.