



Statement of Authorization

The undersigned, Tracy Arakaki, hereby states that he or she is a legally qualified candidate of the Democratic political party for the office of State House D-33 and authorizes the following person/agency to execute the necessary Certifications for him or her:

Name: Tracy Arakaki
Address: POB 841 Aiea, HI 96701
Phone: 497-3645 (Private)

The undersigned also authorizes the above person to buy time on his or her behalf, subject to the following restrictions or limitations:

"NONE"

The candidate further certifies that the television political commercials submitted for broadcast on KITV on behalf of Tracy Arakaki (Myself) by his or her campaign committee either (1) do not make any direct reference to another candidate for the same office, or if they do: (2) contain at the end of the commercial the disclosure information required under Sec. 305 (b)(2)(C) of the Bipartisan Campaign Reform Act of 2002 (H.R. 2356).

Payment will be made by: [X] Candidate () Committee () Corporation () Association () Other Unincorporated Group

and said sponsor will be identified as Friends of Tracy Arakaki

The names and offices of the Chief Executive Officers of the sponsoring group are:

Address of Headquarters: NONE

7/28/2014

Date

[Signature]
Signature of Candidate