FAX

FORM
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(Rev. 5/2012)

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STATE OF HAWAII
STATE ETHICS COMMISSION

HAWAII STATE ETHICS COMMISSION
GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

FILER

Last Name Evans First Name Mary Alice M.I. -

State Agency DBEDT State Position Deputy Director

CONTACT INFORMATION

250 South Hotel Street, 5th Floor

Number and Street or P.O. Box

City Honolulu State HI Zip Code 96813

Telephone Extension Email Address

GIFT INFORMATION *(LIST EACH GIFT SEPARATELY)*

1. Donor: Date Received:
   Gift (Description): Value/Cost:
2. Donor: Date Received:
   Gift (Description): Value/Cost:
3. Donor: Date Received:
   Gift (Description): Value/Cost:
4. Donor: Date Received:
   Gift (Description): Value/Cost:
5. Donor: Date Received:
   Gift (Description): Value/Cost:

☐ **Check here if additional sheets are attached**

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

Mary Alice Evans June 12, 2012

Signature Date