



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/10/2013 10:43:18 AM



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

Evans	Mary Alice	--
Last Name	First Name	M.I.
DBEDT	Deputy Director	
State Agency	State Position	

CONTACT INFORMATION

P.O. Box 2359

Number and Street or P.O. Box

Honolulu	HI	96804
City	State	Zip Code

Telephone	Extension	Email Address
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GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: No Gifts Rec'd from 6/1/2012 thru 6/1/2013 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

FILER

Mary Alice Evans	June 10, 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.