

STATE OF HAWAII
STATE ETHICS COMMISSION

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER

Last Name **EVANS** First Name **CYNTHIA** M.I. **F.W.**

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| <p>FOR STATE EMPLOYEES</p> <p>Department State House of Representatives</p> <p>Division House District 7</p> <p>Position State Representative</p> | <p>FOR STATE BOARD/COMMISSION MEMBERS</p> <p>Board/Commission Name</p> <p>BEGIN _____ END _____ Term of Office (mm/dd/yyyy)</p> |
|---|--|

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
USE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source and amount of all income of \$1,000 or more received during the preceding calendar year for services rendered (INCLUDING INCOME EARNED FROM YOUR STATE POSITION), and the nature of the services rendered.

| F, SP, DC, JT | NAME AND ADDRESS OF SOURCE OF INCOME | AMOUNT | SERVICES RENDERED |
|---------------|--------------------------------------|--------|-------------------|
| F | State House of Representatives | E | Legislator |
| SP | Columbia Pacific Healthcare Sdn Bhd | D | ADMINISTRATION |

Check here if entry is None Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business. YOU ARE REQUIRED TO LIST ALL STOCKS, MUTUAL FUNDS OR OTHER NON-RETIREMENT INVESTMENT INTERESTS VALUED AT \$5,000 OR MORE. Please see instructions available at <http://hawaii.gov/ethics>.

| F, SP, DC, JT | BUSINESS NAME AND ADDRESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE OR NO. OF SHARES |
|---------------|-------------------------------|-------------------------------------|---------------------|------------------------|
| SP | INTERNATIONAL COLUMBIA US LLC | Hospital Development AND OPERATIONS | Beneficial Interest | K |

Check here if entry is None Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

| F, SP, DC, JT | OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD | DATE OF TRANSFER |
|------------------|--|---------------------|
| SP | INTERNATIONAL COLUMBIA US LLC (Sale of interest) | Jan 10, 2013 |

Check here if entry is None Check here if additional sheets are attached

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

| F, SP, DC, JT | NAME OF CREDITOR | ORIGINAL AMOUNT OWED | AMOUNT OUTSTANDING |
|------------------|---------------------------|-------------------------|-----------------------|
| P/SP | COUNTRYWIDE HOME MORTGAGE | F | PAID OFF NOV, 2013 |

Check here if entry is None Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

| F, SP, DC, JT | NAME AND ADDRESS OF BUSINESS | TITLE HELD | TERM OF OFFICE | ANNUAL COMPENSATION |
|------------------|---|------------|----------------|------------------------|
| SP | COLUMBIA PACIFIC HEALTHCARE SLP Blvd | DIRECTOR | to JUNE, 2014 | NONE |

Check here if entry is None Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F, SP, DC, JT | STREET ADDRESS | TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | VALUE |
|---------------|-------------------------------------|---|-------|
| F | 1313 QUAIL RUN (Condo) SAVOY, IL | | F |
| F | HORIZON CITY, TEXAS (LOT) | | B |
| F | WAIKOLA (LOT) | Sold in 2013 | F |

Check here if entry is None

Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F, SP, DC, JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF CONSIDERATION PAID | NAME OF PERSON RECEIVING THE CONSIDERATION |
|---------------|--|---------------------------------------|--|
| | | | |

Check here if entry is None

Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F, SP, DC, JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF CONSIDERATION RECEIVED | NAME OF PERSON FURNISHING THE CONSIDERATION |
|---------------|--|---|---|
| F | WAIKOLA LOT | F | SHARI LEE BROADWAY |

Check here if entry is None

Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

| NAME OF CLIENT | NAME OF STATE AGENCY |
|---|---|
| | |
| <input checked="" type="checkbox"/> Check here if entry is None | <input type="checkbox"/> Check here if additional sheets are attached |

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

| F, SP, DC, JT | NAME AND ADDRESS OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE |
|---|---|--|--|--|
| | | | | |
| <input checked="" type="checkbox"/> Check here if entry is None | <input type="checkbox"/> Check here if additional sheets are attached | | | |

FILER

Cynthia RW Evans
Type Name of Filer (First, M.I., Last)(Signature required on this line if you are filing a paper form)

1/22/14
Date (m/d/yyyy)

CERTIFICATION: By checking this box or signing your name on this form, 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.