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FORM GD1 (Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

STATE OF HAWAII STATE ETHICS COMMISSION

(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:
Handwritten: No Gift Accepted in this disclosure period.

Check here if additional sheets are attached

FILER

Mary Alice Evans June 9, 2014

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.