

15 JUN 15 P4:12



FORM
GD1
(Rev. 6/2013)

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

EVANS

MARY ALICE

Last Name

First Name

M.I.

State Department of Business, Econ. Dev. & Touris

Deputy Director

State Agency

State Position

CONTACT INFORMATION

250 South King Street, 5th Floor

Number and Street or P.O. Box

Honolulu

HI

96813

City

State

Zip Code

Telephone

Extension

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: NO GIFTS ACCEPTED DURING Date Received: _____
 Gift (Description): THIS REPORTING PERIOD. 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

6/15/2015

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.

REC'D BY FAY