HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

FILER					
evans		cyn	cynthia		
Last Name		First Name		M.I.	
FOR STATE EMPLO Legislature	YEES		FOR STATE BOARD/COMMISSION	ON MEMBERS	
Department House of Repres	sentatives		Board/Commission Name		
Division State Represent Position	ative		BEGIN END Term of Office (mm/dd/yyyy)		
	-	check number 2,	provide the relevant information.		
or other change hold the interest or "Jointly," if yo "Deletion," to ind interest by follow	of a financial inter ; "Spouse," if your u and your spouse dicate the deletion ving the "ITEM BY	est: (1) Indicate who ho spouse holds the interest jointly hold the interest of an interest; or "Chan	DRT SINCE MY LAST FILING. For earlies the interest, by checking one of the followest; "Dependent Child," if your dependent chi; (2) Check "Addition," to indicate the addition," to indicate the addition, to indicate any other change of an intermal in the "Short Form Disclosure Instructions.	wing: "Filer," if you ild holds the interest; on of an interest; rest; (3) Describe the	
Check One: Filer Spouse Dependent Child Joint	Check One: Addition Deletion Change	ITEM # (Follow	the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form	Disclosure Instructions.")	
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FILER				
cynthia frances	05/17/2017			
Print Name of Filer (Date (m/d/yyyy)			
appears as the " the best of your	Filer" above a knowledge an	nd the informa d belief. You	u signify and affirm that you are t ation contained in the form is true further certify that you understar required by Hawaii law.	e, correct and complete to