



FORM
GD1
(Rev. 5/2013)



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)

'13 JUN 17 A9:00

FILER

Louie

Last Name

David

First Name

STATE OF HAWAII
STATE ETHICS COMMISSION

M.I.

Department of the Attorney General

State Agency

Attorney General

State Position

CONTACT INFORMATION

425 Queen Street

Number and Street or P.O. Box

Honolulu

City

HI

State

96813

Zip Code

(808) 586-1282

Telephone

Extension

david.m.louie@hawaii.gov

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Gov't of Turkey/Turkish Coalition of America Date Received: June 1-9, 2012
 Gift (Description): travel costs for myself and my wife Value/Cost: \$6,118.00
2. Donor: Gov't of Israel/America-Israel Friendship Date Received: Nov. 8-14, 2012
 Gift (Description): travel costs for myself Value/Cost: \$4,000.00
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

David M. Louie

Print Name of Filer (First M.I. Last)

6/14/2013

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 HAND DELIVERY