



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/26/2015 10:13:36 AM



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

SALAVERIA	LUIS	P.
Last Name	First Name	M.I.
DBEDT		DIRECTOR
State Agency		State Position

CONTACT INFORMATION

250 South Hotel Street		
Room 507		
Number and Street or P.O. Box		
Honolulu	HI	96813
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Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Organization for Econ. Coop. & Developmen Date Received: 6/15/15
 Gift (Description): Travel expenses to Paris, France Value/Cost: \$5,133.53
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

Luis P. Salaveria	6/26/2015
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.