



FORM
GD1
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/18/2013 2:09:09 PM



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

CABANILLA

Last Name

RIDA

First Name

T.R.

M.I.

House of Representatives

State Agency

State Representative

State Position

CONTACT INFORMATION

State Capitol Suite 442

415 S. Beretania Street

Number and Street or P.O. Box

Honolulu

City

HI

State

96813

Zip Code

808 586-6080

Telephone

Extension

repcabanilla@capitol.hawaii.gov

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- | | | |
|----|--|-------------------------------------|
| 1. | Donor: <u>National Foundation of Women Legislators</u> | Date Received: <u>November 2012</u> |
| | Gift (Description): <u>Scholarship</u> | Value/Cost: <u>\$500.00</u> |
| 2. | Donor: <u>Women in Government</u> | Date Received: <u>April 2013</u> |
| | Gift (Description): <u>Scholarship</u> | Value/Cost: <u>\$850.00</u> |
| 3. | Donor: <u>Republic of Azerbaijan</u> | Date Received: <u>May 2013</u> |
| | Gift (Description): <u>Air Fare, food and Gift</u> | Value/Cost: <u>\$4,115.00</u> |
| 4. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |
| 5. | Donor: _____ | Date Received: _____ |
| | Gift (Description): _____ | Value/Cost: _____ |

Check here if additional sheets are attached

FILER

Rida T. R. Cabanilla

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

6/18/2013

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.