



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) P1 :58

FILER

Cachola

Last Name

Romeo

First Name

STATE OF HAWAII
STATE ETHICS COMMISSION
M.I.

Hawaii State Legislature

State Agency

State Representative

State Position

CONTACT INFORMATION

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Room #435

Number and Street or P.O. Box

Honolulu

City

HI

State

96813

Zip Code

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Telephone

Extension

repcachola@capitol.hawaii.gov

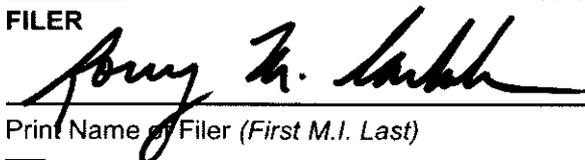
Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: NO GIFTS OVER \$200 RECEIVED Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

FILER


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

6/28/2013

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.