



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
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# 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

RIDA

TR

Last Name

First Name

M.I.

HOUSE OF REPRESENTATIVES

STATE REPRESENTATIVE

State Agency

State Position

**CONTACT INFORMATION**

ROOM 442 314 S. BERETANIA STREET

Number and Street or P.O. Box

HONOLULU

HI

96706

City

State

Zip Code

808 586-6080

repcabanilla@capitol.hawaii.govR

Telephone

Extension

Email Address

**GIFT INFORMATION (LIST EACH GIFT SEPARATELY)**

- Donor: Pacifica institute Date Received: November 2013  
Gift (Description): In country Air fare, hotel, small gifts, food Value/Cost: \$1,500.00
- Donor: Women in Government Date Received: May 2014  
Gift (Description): hotel, food, airfare Value/Cost: \$880.00
- 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**

Rida T. R. Cabanilla

6/26/2014

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.