



FORM  
GD1  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
6/27/2014 11:10:14 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

<b>CACHOLA</b>	<b>ROMEO</b>	<b>M.</b>
Last Name	First Name	M.I.
<b>Hawaii State Legislature</b>	<b>State Representative</b>	
State Agency	State Position	

## CONTACT INFORMATION

**415 S. Beretania St.**  
Rm. 435  
Number and Street or P.O. Box

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City	State	Zip Code
<b>(808) 586-6010</b>	<b>repcachola@capitol.hawaii.gov</b>	
Telephone	Extension	Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Griffith Insurance Education Foundation Date Received: July 10, 2013  
Gift (Description): Reimburse up to \$500 for transportation expens Value/Cost: \$500.00
- Donor: Hawaii Captive Insurance Council Date Received: November 5, 2013  
Gift (Description): Registration Fee waived (was guest) Value/Cost: \$700.00
- 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

<b>ROMEO M. CACHOLA</b>	<b>6/27/2014</b>
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.