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STATE OF HAWAII
STATE ETHICS COMMISSION



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)

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)

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

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.

REC'D BY email