



FORM
GD1
(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

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(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)

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

Rhoads	Karl	A
Last Name	First Name	M.I.
House of Representatives	Representative	
State Agency	State Position	

CONTACT INFORMATION

415 S. Beretania Street, Room 326

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code

586-6180	reprhoads@capitol.hawaii.gov
Telephone	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Carmel Partners, Inc. Date Received: August 25, 2011
Gift (Description): Ticket to Abercrombie fundraiser Value/Cost: 1000.00
2. Donor: Pacific Resource Partnership Date Received: April 13, 2012
Gift (Description): Ticket to Kalia I Ka Nuu Awards Banquet Value/Cost: 500.00
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

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Karl Rhoads
Signature

6/29/2012
Date

REC'D BY HAND DELIVERY