

## HAWAII STATE ETHICS COMMISSION CANDIDATES' DISCLOSURE OF FINANCIAL INTERESTS

|   |   |
|---|---|
| <b>NAME (Last, First, Middle)</b><br>Carroll                      Diana                      Mele | <b>OFFICE TO WHICH YOU SEEK ELECTION:</b><br>State House Representative District 13 |
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### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received **during the preceding calendar year** (1/1/11 - 12/31/11), for services rendered, and the nature of the services rendered.

| NAME AND ADDRESS OF SOURCE OF INCOME  | AMOUNT | SERVICES RENDERED          |
|---|--------|----------------------------|
| State of Hawaii--Legislature<br>Hawaii State Capitol, Room #405<br>Honolulu | D      | State House Representative |

|  |   |
|--|---|
| <input type="checkbox"/> Check here if entry is None | <input type="checkbox"/> Check here if additional sheets are attached |
|--|---|

### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held **during the disclosure period** (1/1/11 to date of filing) in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

| BUSINESS NAME AND ADDRESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE OR NO. OF SHARES |
|---------------------------|--------------------|--------------------|------------------------|
|                           |                    |                    |                        |

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Check here if entry is None | <input type="checkbox"/> Check here if additional sheets are attached |
|---|---|

**ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES**

List any ownership or beneficial interests in businesses transferred **during the disclosure period** (1/1/11 to date of filing) and the date of transfer.

| OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD   | DATE OF TRANSFER |
|--|------------------|
|  |                  |
| <input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span> |                  |

**ITEM 4: CREDITORS**

List the name of each creditor to whom the value of \$3,000 or more was owed **during the disclosure period** (1/1/11 to date of filing) and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

| NAME OF CREDITOR   | ORIGINAL AMOUNT OWED | AMOUNT OUTSTANDING |
|--|----------------------|--------------------|
|  |                      |                    |
| <input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span> |                      |                    |

**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS**

List every officership, directorship, trusteeship, or other fiduciary relationship held **during the disclosure period** (1/1/11 to date of filing) in any business or organization, the term of office, and the annual compensation.

| NAME AND ADDRESS OF BUSINESS   | TITLE HELD | TERM OF OFFICE | ANNUAL COMPENSATION |
|--|------------|----------------|---------------------|
|  |            |                |                     |
| <input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span> |            |                |                     |

**ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State held **during the disclosure period** (1/1/11 to date of filing), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

| STREET ADDRESS   | TAX MAP KEY NUMBER<br>(IF TAX MAP KEY NUMBER EXISTS) | VALUE |
|--|--|-------|
|  |  |       |
| <input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span> |  |       |

**ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State, acquired **during the disclosure period** (1/1/11 to date of filing), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

| STREET ADDRESS AND TAX MAP KEY NUMBER<br>(IF TAX MAP KEY NUMBER EXISTS)  | AMOUNT AND NATURE OF<br>CONSIDERATION PAID | NAME OF PERSON<br>RECEIVING THE<br>CONSIDERATION |
|--|--|--|
|  |  |  |
| <input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span> |  |  |

**ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State transferred **during the disclosure period** (1/1/11 to date of filing), if the interest has a value of \$10,000 or more. Real property that was your personal residence need not be listed.

| STREET ADDRESS AND TAX MAP KEY NUMBER<br>(IF TAX MAP KEY NUMBER EXISTS)  | AMOUNT AND NATURE OF<br>CONSIDERATION RECEIVED | NAME OF PERSON<br>FURNISHING THE<br>CONSIDERATION |
|--|--|---|
|  |  |   |
| <input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span> |  |   |

**ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES**

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period (1/1/11 to date of filing), excluding clients represented before courts.

| NAME OF CLIENT   | NAME OF STATE AGENCY |
|--|----------------------|
|  |                      |
| <input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span> |                      |

**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period (1/1/11 to date of filing), if the interest has a value of \$5,000 or more.

| NAME AND ADDRESS OF BUSINESS   | NATURE OF BUSINESS | NATURE OF INTEREST                         | VALUE            |
|--|--------------------|--|------------------|
|  |                    | STATE OF HAWAII<br>STATE ETHICS COMMISSION | '12 JUL 23 P4:17 |
| <input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span> |                    |  |                  |

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

*Glavio R. Carrace*  
 SIGNATURE

7/23/2012  
 DATE