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HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER

STATE OF HAWAII
STATE ETHICS COMMISSION

Last Name Rhoads First Name Karl M.I. A

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| <p>FOR STATE EMPLOYEES</p> <p>Department <u>Legislature</u></p> <p>Division <u>State House</u></p> <p>Position <u>Representative</u></p> | <p>FOR STATE BOARD/COMMISSION MEMBERS</p> <p>Board/Commission Name</p> <p>BEGIN <u>11/5/14</u> END <u>11/8/16</u> Term of Office (mm/dd/yyyy)</p> |
|---|--|

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
USE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source and amount of all income of \$1,000 or more received during the preceding calendar year for services rendered (INCLUDING INCOME EARNED FROM YOUR STATE POSITION), and the nature of the services rendered.

| F, SP, DC, JT | NAME OF EMPLOYER / OTHER SOURCE(S) OF INCOME | AMOUNT | SERVICES RENDERED |
|--|---|--|-------------------|
| F | State of Hawaii Central Payroll PO Box 119 Honolulu HI 96810 | E | Representative |
| <input type="checkbox"/> Check here if entry is None | | <input checked="" 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 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. YOU ARE REQUIRED TO LIST ALL STOCKS, MUTUAL FUNDS OR OTHER NON-RETIREMENT INVESTMENT INTERESTS VALUED AT \$5,000 OR MORE. Please see instructions available at <http://ethics.hawaii.gov>.

| F, SP, DC, JT | NAME OF BUSINESS | 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 | | |

State Ethics Commission Form Additional Sheet (Page 1 of 2)

Karl Rhoads

1/18/15

Item 1:

- | | | | |
|----|--|-----------|------------------------------|
| SP | Hawaii Carpenters Market Recovery Program Hawaii Carpenters Trust Funds Administrative Corporation 200 N Vineyard Blvd, Suite 100 Honolulu, HI 96817 | Amount: F | Communications & Lobbying |
| JT | Personal residential parking stall rental 60 N Beretania St, 2704 Honolulu, HI 96810 | Amount: B | Parking |

Item 5:

- | | | | | |
|----|--|------------------------|-----------------|---------------|
| F | Karl Rhoads Nephews & Nieces Revocable Trust 60 N Beretania Street, 2704 Honolulu, HI 96817 | Trustee | 7/97-indefinite | Zero |
| SP | Honolulu Culture & Arts Association 1159 Nuuanu Avenue Honolulu, HI 96817 | President/ Director | 1/13-12/14 | Zero |
| SP | Transportation Commission City & County of Honolulu 650 S King St, Third Floor Honolulu, HI 96813 | Member | 8/14/13-1/5/15 | Free bus pass |
| SP | Mental Health Kokua 1221 Kapiolani Blvd Suite 345 Honolulu, HI 96813 | Secretary/ Director | 12/13-12/15 | Zero |

State Ethics Commission Form Additional Sheet (Page 2 of 2)

Karl Rhoads

1/18/15

Item 5 (continued):

| | | | | |
|----|--|----------|------------------------------------|------|
| SP | Honolulu Tower AOA 60 N. Beretania Street Honolulu, HI 96817 | Director | 7/10/13-2/27/14 2/27/14-2/23/17 | Zero |
|----|--|----------|------------------------------------|------|

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

| F,SP, DC,JT | OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD | DATE OF TRANSFER |
|----------------|--|---------------------|
| | | |

Check here if entry is None Check here if additional sheets are attached

ITEM 4: CREDITORS

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

| F,SP, DC,JT | NAME OF CREDITOR | ORIGINAL AMOUNT OWED | AMOUNT OUTSTANDING |
|----------------|---------------------------|-------------------------|-----------------------|
| JT | Wells Fargo Home Mortgage | G | E |

Check here if entry is None Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

| F,SP, DC,JT | NAME OF BUSINESS | TITLE HELD | TERM OF OFFICE | ANNUAL COMPENSATION |
|----------------|--|------------|----------------------------|------------------------|
| F | Pacific Gateway Center 723 Um. Street Honolulu HI 96819 | Director | 11/11-11/14 11/14-11/17 | Zero |

Check here if entry is None Check here if additional sheets are attached

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, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F,SP, DC,JT | STREET ADDRESS | TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | VALUE |
|----------------|---|--|-------|
| JT | Parking stall (residential) 60 N Beretania St, 2704 Honolulu HI 96817 | 1-1-7-005-011- 0259-000 | 0 |

Check here if entry is None

Check here if additional sheets are attached

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, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F,SP, DC,JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF CONSIDERATION PAID | NAME OF PERSON RECEIVING THE CONSIDERATION |
|----------------|---|--|---|
| | | | |

Check here if entry is None

Check here if additional sheets are attached

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, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

| F,SP, DC,JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF CONSIDERATION RECEIVED | NAME OF PERSON FURNISHING THE CONSIDERATION |
|----------------|---|--|--|
| | | | |

Check here if entry is None

Check here if additional sheets are attached

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, excluding clients represented before courts.

| NAME OF CLIENT | NAME OF STATE AGENCY |
|----------------|----------------------|
| | |

Check here if entry is None Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

| F, SP, DC, JT | NAME OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE |
|------------------|------------------|--------------------|--------------------|-------|
| | | | | |

Check here if entry is None Check here if additional sheets are attached

FILER

Karl A Rhoads *Paul Rhoads* 1/18/15

Type Name of Filer (First, M.I., Last) (Signature required on this line if you are filing a paper form) Date (m/d/yyyy)

CERTIFICATION: By checking this box or signing your name on this form, 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.