



FORM
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(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/27/2016 2:46:23 PM



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

Rhoads	Karl	A
Last Name	First Name	M.I.
State Legislature	State Representative	
State Agency	State Position	

CONTACT INFORMATION

415 South Beretania Street, #302

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
586-6180	reprhoads@capitol.hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: National Conference of State Legislature Date Received: 6/3/15
Gift (Description): Covered travel costs to NCSL Election Law Conf Value/Cost: \$1,000.00
- Donor: Judiciary Date Received: 9/28/15
Gift (Description): Airfare & Hotel to attend Juvenile Detention Conf Value/Cost: \$1,386.01
- 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

Karl A. Rhoads	6/27/2016
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.