

# HAWAII STATE ETHICS COMMISSION

## CANDIDATE DISCLOSURE OF FINANCIAL INTERESTS

JUL 21 10:44

FILER

Rhoads

Karl

STATE OF HAWAII  
STATE ETHICS COMMISSION

Last Name

First Name

M.I.

**OFFICE TO WHICH YOU SEEK ELECTION**

- Governor
- Lieutenant Governor
- Senate, District No. 13
- House of Representatives, District No. \_\_\_\_\_
- Office of Hawaiian Affairs, Island \_\_\_\_\_

**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 (1/1/2015 – 12/31/2015) for services rendered (INCLUDING INCOME EARNED FROM ANY STATE OR OTHER GOVERNMENT AGENCY), and the nature of the services rendered.

NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
<p><del>State of Hawaii</del> State of Hawaii Central Payroll PO Box 119 Honolulu, HI 96810</p>	E	State Representative

- Check here if entry is None  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 (1/1/2015 to the date of filing this form) 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 for this form.

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

- Check here if entry is None  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 (1/1/2015 to the date of filing this form) 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 <input type="checkbox"/> 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 (1/1/2015 to the date of filing this form) 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
Wells Fargo Home Mortgage	6	0
Don & Jean Rhoads	D	D
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 (1/1/2015 to the date of filing this form) 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
Pacific Gateway Center 723 Umie Street Honolulu HI 96819	Director	11/14 - 11/17	0
Karl Rhoads Nephews & Nieces Trust 60 N Beretania St, 2704 Honolulu HI 96817	Trustee	7/97 - indefinite	0
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> 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 (1/1/2015 to the date of filing this form), 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 (IF TAX MAP KEY NUMBER EXISTS)	VALUE
60 N Beretania St Honolulu HI 9687 Parking stall	1-1-7-005-011- 0259-000	D

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 (1/1/2015 to the date of filing this form), 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 (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 (1/1/2015 to the date of filing this form), 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 (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



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

Candidate Disclosure of Financial Interest

Karl Rhoads

7/21/16

Item 1:

Personal residential parking  
stall rental  
60 N Beretania St, 2704  
Honolulu, HI 96810

Amount: B Parking