

## HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

**FILER**

Rhoads  
Last Name

Karl  
First Name

Allen  
M.I.

**FOR STATE EMPLOYEES**

Legislature  
Department  
House of Representative  
Division  
Representative  
Position

**FOR STATE BOARD/COMMISSION MEMBERS**

Board/Commission Name  
  
**BEGIN** **END**  
*Term of Office (mm/dd/yyyy)*

**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

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 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

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 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

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

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

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

**FILER**

Karl Allen Rhoads

01/17/2016

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.

Filer Name Karl Allen Rhoads

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Check all that apply. - State Employee

Department Legislature  
Division House of Representative  
State Employee Position Representative  
State Board or Commission Name  
Term of Office Start  
Term of Office End

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Category 1: Income for services rendered for preceding calendar year Yes, I have items

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START Item #1 Who holds interest? Spouse  
Item #1 Name of Employer/ Other source of income State of Hawaii Central Payroll  
Item #1 Compensation received F : At least \$100,000 but less than \$150,000  
Item #1 Description of services rendered Communications  
START Item #2 Who holds interest? Spouse  
Item #2 Name of Employer/ Other source of income Hawaii Carpenters Market Recovery Program  
Item #2 Compensation received B : At least \$1,000 but less than \$10,000  
Item #2 Description of services rendered Communications & Lobbying  
START Item #3 Who holds interest? Joint  
Item #3 Name of Employer/ Other source of income Residential parking stall rental  
Item #3 Compensation received B : At least \$1,000 but less than \$10,000  
Item #3 Description of services rendered Parking  
START Item #4 Who holds interest? Filer  
Item #4 Name of Employer/ Other source of income State of Hawaii Central Payroll  
Item #4 Compensation received E : At least \$50,000 but less than \$100,000  
Item #4 Description of services rendered Representative  
START Item #5 Who holds interest?  
Item #5 Name of Employer/ Other source of income  
Item #5 Compensation received  
Item #5 Description of services rendered

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Category 2: Ownership or Beneficial Interests in Businesses None

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START Item #1 Who holds interest?  
Item #1 Legal name of business  
Item #1 Nature of business  
Item #1 Nature of interest  
Item #1 Value of interest  
Item #1 Number of Shares  
START Item #2 Who holds interest?  
Item #2 Legal name of business  
Item #2 Nature of business  
Item #2 Nature of interest  
Item #2 Value of interest  
Item #2 Number of Shares  
START Item #3 Who holds interest?  
Item #3 Legal name of business  
Item #3 Nature of business  
Item #3 Nature of interest  
Item #3 Value of interest  
Item #3 Number of Shares  
START Item #4 Who holds interest?  
Item #4 Legal name of business  
Item #4 Nature of business  
Item #4 Nature of interest  
Item #4 Value of interest  
Item #4 Number of Shares  
START Item #5 Who holds interest?  
Item #5 Legal name of business  
Item #5 Nature of business  
Item #5 Nature of interest  
Item #5 Value of interest  
Item #5 Number of Shares

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**Category 3: Transfer of Ownership or Beneficial Interests in Businesses** None

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**START Item #1 Who holds interest?**

**Item #1 Ownership or beneficial interest transferred during this disclosure period**

**Item #1 Date of transfer**

**START Item #2 Who holds interest?**

**Item #2 Ownership or beneficial interest transferred during this disclosure period**

**Item #2 Date of transfer**

**START Item #3 Who holds interest?**

**Item #3 Ownership or beneficial interest transferred during this disclosure period**

**Item #3 Date of transfer**

**START Item #4 Who holds interest?**

**Item #4 Ownership or beneficial interest transferred during this disclosure period**

**Item #4 Date of transfer**

**START Item #5 Who holds interest?**

**Item #5 Ownership or beneficial interest transferred during this disclosure period**

**Item #5 Date of transfer**

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**Category 4: Creditors** Yes, I have items

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**START Item #1 Who holds interest?** Joint

**Item #1 Legal name of creditor** Wells Fargo Home Mortgage

**Item #1 Original amount owed G : At least \$150,000 but less than \$250,000**

**Item #1 Amount outstanding A : Less than \$1,000**

**START Item #2 Who holds interest?** Joint

**Item #2 Legal name of creditor** Don & Jean Rhoads

**Item #2 Original amount owed D : At least \$25,000 but less than \$50,000**

**Item #2 Amount outstanding D : At least \$25,000 but less than \$50,000**

**START Item #3 Who holds interest?**

**Item #3 Legal name of creditor**

**Item #3 Original amount owed**

**Item #3 Amount outstanding**

**START Item #4 Who holds interest?**

**Item #4 Legal name of creditor**

**Item #4 Original amount owed**

**Item #4 Amount outstanding**

**START Item #5 Who holds interest?**

**Item #5 Legal name of creditor**

**Item #5 Original amount owed**

**Item #5 Amount outstanding**

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**Category 5: Officerships, Directorships, Trusteeships** Yes, I have items

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**START Item #1 Who holds interest?** Filer

**Item #1 Legal name of entity** Pacific Gateway Center

**Item #1 Title held** Director

**Item #1 Term of Office** 11/14-11/17

**Item #1 Annual compensation A : Less than \$1,000**

**START Item #2 Who holds interest?** Filer

**Item #2 Legal name of entity** Karl Rhoads Nephews & Nieces Trust

**Item #2 Title held** Trustee

**Item #2 Term of Office** 7/97-indefinite

**Item #2 Annual compensation A : Less than \$1,000**

**START Item #3 Who holds interest?** Spouse

**Item #3 Legal name of entity** Honolulu Culture & Arts Association

**Item #3 Title held** President/Director

**Item #3 Term of Office** 1/15-12/16

**Item #3 Annual compensation A : Less than \$1,000**

**START Item #4 Who holds interest?** Spouse

**Item #4 Legal name of entity** Mental Health Kokua

**Item #4 Title held** Secretary/Director

**Item #4 Term of Office** 12/13-12/15 & 12/15-12/17

**Item #4 Annual compensation A : Less than \$1,000**

**START Item #5 Who holds interest?** Spouse

**Item #5 Legal name of entity** Honolulu Tower AOA

**Item #5 Title held** Director

**Item #5 Term of Office** 2/27/14-2/23/17

**Item #5 Annual compensation A : Less than \$1,000**

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**Category 6: Interests in Real Property Held, excluding Personal Residence(s)** Yes, I have items

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**START Item #1 Who holds interest?** Joint  
**Item #1 Street address** 60 N Beretania Street  
Honolulu, HI 96817  
United States  
**Item #1 Tax Map Key** 1-1-7-005-011-0259-000  
**Item #1 Value** D : At least \$25,000 but less than \$50,000  
**START Item #2 Who holds interest?**  
**Item #2 Street address**  
**Item #2 Tax Map Key**  
**Item #2 Value**  
**START Item #3 Who holds interest?**  
**Item #3 Street address**  
**Item #3 Tax Map Key**  
**Item #3 Value**  
**START Item #4 Who holds interest?**  
**Item #4 Street address**  
**Item #4 Tax Map Key**  
**Item #4 Value**  
**START Item #5 Who holds interest?**  
**Item #5 Street address**  
**Item #5 Tax Map Key**  
**Item #5 Value**

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**Category 7: Interests in Real Property Acquired, excluding Personal Residence(s)** None

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**START Item #1 Who holds interest?**  
**Item #1 Street address**  
**Item #1 Tax Map Key**  
**Item #1 Amount of consideration paid**  
**Item #1 Nature of consideration paid**  
**Item #1 Legal name of person or entity receiving the consideration**  
**START Item #2 Who holds interest?**  
**Item #2 Street address**  
**Item #2 Tax Map Key**  
**Item #2 Amount of consideration paid**  
**Item #2 Nature of consideration paid**  
**Item #2 Legal name of person or entity receiving the consideration**  
**START Item #3 Who holds interest?**  
**Item #3 Street address**  
**Item #3 Tax Map Key**  
**Item #3 Amount of consideration paid**  
**Item #3 Nature of consideration paid**  
**Item #3 Legal name of person or entity receiving the consideration**  
**START Item #4 Who holds interest?**  
**Item #4 Street address**  
**Item #4 Tax Map Key**  
**Item #4 Amount of consideration paid**  
**Item #4 Nature of consideration paid**  
**Item #4 Legal name of person or entity receiving the consideration**  
**START Item #5 Who holds interest?**  
**Item #5 Street address**  
**Item #5 Tax Map Key**  
**Item #5 Amount of consideration paid**  
**Item #5 Nature of consideration paid**  
**Item #5 Legal name of person or entity receiving the consideration**

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Category 8: Interests in Real Property Transferred, excluding Personal Residence(s) None

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START Item #1 Who holds interest?  
Item #1 Street address  
Item #1 Tax Map Key  
Item #1 Amount of consideration received  
Item #1 Nature of consideration received  
Item #1 Legal name of person or entity furnishing the consideration  
START Item #2 Who holds interest?  
Item #2 Street address  
Item #2 Tax Map Key  
Item #2 Amount of consideration received  
Item #2 Nature of consideration received  
Item #2 Legal name of person or entity furnishing the consideration  
START Item #3 Who holds interest?  
Item #3 Street address  
Item #3 Tax Map Key  
Item #3 Amount of consideration received  
Item #3 Nature of consideration received  
Item #3 Legal name of person or entity furnishing the consideration  
START Item #4 Who holds interest?  
Item #4 Street address  
Item #4 Tax Map Key  
Item #4 Amount of consideration received  
Item #4 Nature of consideration received  
Item #4 Legal name of person or entity furnishing the consideration  
START Item #5 Who holds interest?  
Item #5 Street address  
Item #5 Tax Map Key  
Item #5 Amount of consideration received  
Item #5 Nature of consideration received  
Item #5 Legal name of person or entity furnishing the consideration

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Category 9: Clients Personally Represented before State Agencies None

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START Item #1 Legal name of client  
Item #1 Name of State Agency  
START Item #2 Legal name of client  
Item #2 Name of State Agency  
START Item #3 Legal name of client  
Item #3 Name of State Agency  
START Item #4 Legal name of client  
Item #4 Name of State Agency  
START Item #5 Legal name of client  
Item #5 Name of State Agency

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Category 10: Creditor Interests in Insolvent Businesses None

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START Item #1 Who holds interest?  
Item #1 Legal name of entity  
Item #1 Nature of business  
Item #1 Nature of interest  
Item #1 Value  
START Item #2 Who holds interest?  
Item #2 Legal name of entity  
Item #2 Nature of business  
Item #2 Nature of interest  
Item #2 Value  
START Item #3 Who holds interest?  
Item #3 Legal name of entity  
Item #3 Nature of business  
Item #3 Nature of interest  
Item #3 Value  
START Item #4 Who holds interest?  
Item #4 Legal name of entity  
Item #4 Nature of business  
Item #4 Nature of interest  
Item #4 Value  
START Item #5 Who holds interest?  
Item #5 Legal name of entity  
Item #5 Nature of business



Item #5 Nature of interest  
Item #5 Value

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**Upload your additional information**

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**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. - I sign and affirm**

**Filer Name** Karl Allen Rhoads