

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Mark Takai for Congress

ADDRESS (number and street)

PO Box 2267

Check if different than previously reported. (ACC)

Pearl City

HI

96782

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00548131

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

HI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10 / 01 / 2016

through

M M / D D / Y Y Y Y

12 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Beesley, Dylan, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Beesley, Dylan, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01 / 31 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Mark Takai for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1147794.86
(b) Total Contribution Refunds (from Line 20(d))	500.00	201640.89
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-500.00	946153.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	35135.13	521934.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	502.00	8443.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	34633.13	513490.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	398243.31	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Mark Takai for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	500524.61
(ii) Unitemized.....	0.00	52205.77
(iii) TOTAL of contributions from individuals ▶	0.00	552730.38
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	595064.48
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1147794.86
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	14620.47
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	502.00	8443.97
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	502.00	1170859.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35135.13	521934.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	33465.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	50000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	50000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	500.00	116440.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	85200.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	201640.89
21. OTHER DISBURSEMENTS	0.00	50000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	35635.13	857040.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	433376.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	502.00
25. SUBTOTAL (add Line 23 and Line 24).....	433878.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	35635.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	398243.31

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 5 OF 17	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

A. Full Name (Last, First, Middle Initial)
Jerry Hay, Inc.

Mailing Address 650 Iwilei Rd
Ste 206

City Honolulu State HI Zip Code 96817-5318

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
339.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Transaction ID : VN8VBE2KY26

Amount of Each Receipt this Period
339.00

Memo Item

Refund from vendor

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	339.00
TOTAL This Period (last page this line number only)..... ▶	339.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. Bankcard Merchant Fees		Date of Disbursement
Mailing Address 1399 E State St		M M / D D / Y Y Y Y 10 / 03 / 2016
City Geneva	State IL	Zip Code 60134-2491
Purpose of Disbursement Credit Card Processing Fee		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 94.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VN7W39W9B31
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Bankcard Merchant Fees		Date of Disbursement
Mailing Address 1399 E State St		M M / D D / Y Y Y Y 11 / 02 / 2016
City Geneva	State IL	Zip Code 60134-2491
Purpose of Disbursement Credit Card Processing Fee		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VN7W39WBVK6
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Bankcard Merchant Fees		Date of Disbursement
Mailing Address 1399 E State St		M M / D D / Y Y Y Y 12 / 02 / 2016
City Geneva	State IL	Zip Code 60134-2491
Purpose of Disbursement Credit Card Processing Fee		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VN7W39WERB1
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	97.25
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. CFO Compliance Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2016
Mailing Address 1 Park Row Ste 5		FEC Identification Number C
City Providence	State RI	Zip Code 02903-1235
Purpose of Disbursement Compliance Services	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : VN7W39WCVA4 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CFO Compliance Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2016
Mailing Address 1 Park Row Ste 5		FEC Identification Number C
City Providence	State RI	Zip Code 02903-1235
Purpose of Disbursement Compliance Services	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : VN7W39WCVB2 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. CFO Compliance Group		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2016
Mailing Address 1 Park Row Ste 5		FEC Identification Number C
City Providence	State RI	Zip Code 02903-1235
Purpose of Disbursement Compliance Services	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : VN7W39WFH23 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. Google Apps		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Web Expenses	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 34.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VN7W39W9B15
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Google Apps		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2016
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Web Expenses	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 34.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VN7W39WBVM4
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Google Apps		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2016
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Web Expenses	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 34.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VN7W39WERC9
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	104.70
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. Hawaii Payroll Services, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2016		
Mailing Address 1314 S King St Ste 315					
City Honolulu	State HI	Zip Code 96814-2004	FEC Identification Number C		
Purpose of Disbursement Payroll Processing Fee		Category/ Type	Amount of Each Disbursement this Period 56.13		
Candidate Name		Transaction ID : VN7W39WAF11			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State:	District:				

Full Name (Last, First, Middle Initial) B. Hawaii Payroll Services, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2016		
Mailing Address 1314 S King St Ste 315					
City Honolulu	State HI	Zip Code 96814-2004	FEC Identification Number C		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 459.75		
Candidate Name		Transaction ID : VN7W39WAF29			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State:	District:				

Full Name (Last, First, Middle Initial) C. Hawaii Self Storage			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016		
Mailing Address 98-138 Hila Pl					
City Pearl City	State HI	Zip Code 96782-3201	FEC Identification Number C		
Purpose of Disbursement Storage		Category/ Type	Amount of Each Disbursement this Period 166.23		
Candidate Name		Transaction ID : VN7W39W9B23			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	682.11
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. Hawaii Self Storage			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2016		
Mailing Address 98-138 Hila Pl			FEC Identification Number C		
City Pearl City	State HI	Zip Code 96782-3201	Amount of Each Disbursement this Period 166.23		
Purpose of Disbursement Storage		Category/ Type	Transaction ID : VN7W39WBVN2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Hawaii Self Storage			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2016		
Mailing Address 98-138 Hila Pl			FEC Identification Number C		
City Pearl City	State HI	Zip Code 96782-3201	Amount of Each Disbursement this Period 166.23		
Purpose of Disbursement Storage		Category/ Type	Transaction ID : VN7W39WERD6		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Lanakila Strategies LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2016		
Mailing Address 285 Hiolani St			FEC Identification Number C		
City Makawao	State HI	Zip Code 96768-8652	Amount of Each Disbursement this Period 11518.32		
Purpose of Disbursement Strategic Consulting Services		Category/ Type 001	Transaction ID : VN7W39W65W0		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	11850.78
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. Lanakila Strategies LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016	
Mailing Address 285 Hiolani St			FEC Identification Number C	
City Makawao	State HI	Zip Code 96768-8652	Amount of Each Disbursement this Period 11518.32	
Purpose of Disbursement Strategic Consulting Services		Category/ Type 001	Transaction ID : VN7W39WF7R5	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. MacCutcheon, Paula, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2016	
Mailing Address PO Box 880095			FEC Identification Number C	
City Pukalani	State HI	Zip Code 96788-0095	Amount of Each Disbursement this Period 1995.00	
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : VN7W39WAF45	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. MacCutcheon, Paula, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2016	
Mailing Address PO Box 880095			FEC Identification Number C	
City Pukalani	State HI	Zip Code 96788-0095	Amount of Each Disbursement this Period 1046.90	
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : VN7W39WAF37	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	14560.22
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. National Democratic Club			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2016		
Mailing Address 30 Ivy St SE					
City Washington	State DC	Zip Code 20003-4006	FEC Identification Number C		
Purpose of Disbursement Capital Assessment Fee		Category/ Type	Amount of Each Disbursement this Period 20.00		
Candidate Name		Transaction ID : VN7W39WF4X6			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2016		
Mailing Address 1101 15th St NW Ste 500					
City Washington	State DC	Zip Code 20005-5006	FEC Identification Number C		
Purpose of Disbursement Database		Category/ Type 001	Amount of Each Disbursement this Period 1650.00		
Candidate Name		Transaction ID : VN7W39WF91			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. Perkins Coie LLP			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2016		
Mailing Address 700 13th St NW Ste 600					
City Washington	State DC	Zip Code 20005-5998	FEC Identification Number C		
Purpose of Disbursement Legal Fees		Category/ Type 001	Amount of Each Disbursement this Period 1658.75		
Candidate Name		Transaction ID : VN7W39WC813			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	3328.75
TOTAL This Period (last page this line number only).....	(Empty field)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. Perkins Coie LLP		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016
Mailing Address 700 13th St NW Ste 600		FEC Identification Number C
City Washington	State DC	Zip Code 20005-5998
Purpose of Disbursement Legal Fees	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 248.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VN7W39WF7Q7
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Perkins Coie LLP		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2016
Mailing Address 700 13th St NW Ste 600		FEC Identification Number C
City Washington	State DC	Zip Code 20005-5998
Purpose of Disbursement Legal fees	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 248.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VN7W39WFJG4
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2016
Mailing Address 2754 Woodlawn Dr Ste 7-101		FEC Identification Number C
City Honolulu	State HI	Zip Code 96822-1857
Purpose of Disbursement Postage	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 64.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VN7W39W9B49
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	560.20
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2016	
Mailing Address 2754 Woodlawn Dr Ste 7-101			FEC Identification Number C	
City Honolulu	State HI	Zip Code 96822-1857	Amount of Each Disbursement this Period 69.23	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : VN7W39WBVJ9	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Virgin Mobile			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016	
Mailing Address 5122 NE M L King Blvd			FEC Identification Number C	
City Portland	State OR	Zip Code 97211-3234	Amount of Each Disbursement this Period 41.89	
Purpose of Disbursement Mobile Phones		Category/ Type	Transaction ID : VN7W39W9B57	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	111.12
TOTAL This Period (last page this line number only).....▶	35045.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 17			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. Carey, W. David, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address 2375 Kuhio Ave			FEC Identification Number C		
City Honolulu	State HI	Zip Code 96815-2939	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Contribution Refund		Category/ Type 010	Transaction ID : VN7W39WFH07		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Carey, W. David, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address 2375 Kuhio Ave			FEC Identification Number C		
City Honolulu	State HI	Zip Code 96815-2939	Amount of Each Disbursement this Period -500.00		
Purpose of Disbursement Void of 7/9/16 Refund		Category/ Type	Transaction ID : VN7W39WFH15		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DiNino, Paul, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2016		
Mailing Address 9216 Levelle Dr			FEC Identification Number C		
City Chevy Chase	State MD	Zip Code 20815-5604	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : VN7W39WCV96		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 17			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. Guard, Robert, T, ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016		
Mailing Address PO Box 210			FEC Identification Number C		
City Honolulu	State HI	Zip Code 96810-0210	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VN7W39WF990		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Guard, Robert, T, ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016		
Mailing Address PO Box 210			FEC Identification Number C		
City Honolulu	State HI	Zip Code 96810-0210	Amount of Each Disbursement this Period -2000.00		
Purpose of Disbursement Void 7/8/16 Refund		Category/ Type	Transaction ID : VN7W39WF9B6		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Gushman, Richard, W., , II			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016		
Mailing Address 3300 Pacific Heights Rd			FEC Identification Number C		
City Honolulu	State HI	Zip Code 96813-1075	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VN7W39WF975		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2700.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 17			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. Gushman, Richard, W., , II			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016		
Mailing Address 3300 Pacific Heights Rd			FEC Identification Number C		
City Honolulu	State HI	Zip Code 96813-1075	Amount of Each Disbursement this Period -2700.00		
Purpose of Disbursement Void 7/8/16 Refund		Category/ Type	Transaction ID : VN7W39WF9A8		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	-2700.00
TOTAL This Period (last page this line number only).....▶	500.00