

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 MM / DD / YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY 10 / 01 / 2017

through

MM / DD / YYYY 12 / 31 / 2017

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

Type or Print Name of Treasurer

Beesley, Dylan, , ,

Signature of Treasurer

Beesley, Dylan, , ,

[Electronically Filed]

Date

MM / DD / YYYY 01 / 14 / 2018

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								
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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))	0.00	201640.89
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	946153.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19032.18	606597.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	8475.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19032.18	598121.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	308977.30	
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.)	0.00	8475.97
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	364.81
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	1171256.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19032.18	606597.61
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	0.00	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)).....	0.00	201640.89
21. OTHER DISBURSEMENTS	0.00	55000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	19032.18	946703.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	328009.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	328009.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19032.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	308977.30

**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 5 OF 8			
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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 10 / 14 / 2017		
Mailing Address 1 Park Row Ste 5			FEC Identification Number C		
City Providence	State RI	Zip Code 02903-1235	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Compliance services		Category/ Type	Transaction ID : VN7W39X4VP7		
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. CFO Compliance Group			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2017		
Mailing Address 1 Park Row Ste 5			FEC Identification Number C		
City Providence	State RI	Zip Code 02903-1235	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Compliance Consultant		Category/ Type	Transaction ID : VN7W39X8TH9		
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. CFO Compliance Group			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2017		
Mailing Address 1 Park Row Ste 5			FEC Identification Number C		
City Providence	State RI	Zip Code 02903-1235	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Compliance services		Category/ Type	Transaction ID : VN7W39X96G6		
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).....▶	1500.00
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 6 OF 8			
	<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 / 02 / 2017
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 : VN7W39X45A5
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 / 02 / 2017
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 : VN7W39X8TJ7
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 / 04 / 2017
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 : VN7W39X8TK5
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 7 OF 8			
	<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 10 / 14 / 2017		
Mailing Address 285 Hiolani St					
City Makawao	State HI	Zip Code 96768-8652	FEC Identification Number C		
Purpose of Disbursement Consulting services		Category/ Type	Amount of Each Disbursement this Period 5759.16		
Candidate Name		Transaction ID : VN7W39X4VQ5			
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. Lanakila Strategies LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2017		
Mailing Address 285 Hiolani St					
City Makawao	State HI	Zip Code 96768-8652	FEC Identification Number C		
Purpose of Disbursement Consulting Services		Category/ Type	Amount of Each Disbursement this Period 5759.16		
Candidate Name		Transaction ID : VN7W39X8TM0			
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. Lanakila Strategies LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2017		
Mailing Address 285 Hiolani St					
City Makawao	State HI	Zip Code 96768-8652	FEC Identification Number C		
Purpose of Disbursement Consulting services		Category/ Type 001	Amount of Each Disbursement this Period 5759.16		
Candidate Name		Transaction ID : VN7W39X96H4			
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).....▶	17277.48
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 8	
	<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. NGP VAN, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2017	
Mailing Address 1101 15th St NW Ste 500			FEC Identification Number C	
City Washington	State DC	Zip Code 20005-5006	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement Database		Candidate Name	Transaction ID : VN7W39X8TR2	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item <input type="checkbox"/>	
State: District:		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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		Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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		Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	19032.18