

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Mark Takai for Congress			
ADDRESS (number and street) P.O Box 2267			
CITY, STATE, and ZIP CODE Pearl City HI 96782			
2. NAME OF CANDIDATE Kyle Mark Takai	3. OFFICE SOUGHT (State and District) House HI 01		4. FEC IDENTIFICATION NUMBER C00548131
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Christopher M Dawson 900 Fort Street Mall Ste 1700 Honolulu HI 96813-3721	Name of Employer Dawson Technical Transaction ID : VN8VBCVZ9Y4 Occupation CEO	Date (month, day, year) 08/04/2014	Amount 2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Jodi L Denton 443 Ranch Pass Fair Oaks Ranch TX 78015-8372	Name of Employer Faith Family Clinic Transaction ID : VN8VBCW0PB9 Occupation RN	Date (month, day, year) 08/05/2014	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Carol Mon Lee 3255 Huelani Dr Honolulu HI 96822-1234	Name of Employer self-employed Transaction ID : VN8VBCVYHP1 Occupation lawyer/community volunteer	Date (month, day, year) 08/04/2014	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC 1727 King St Ste 400 Alexandria VA 22314-2700	Name of Employer Transaction ID : VN8VBCVWE47 Occupation	Date (month, day, year) 08/04/2014	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE NEA FUND FOR CHILDREN AND PUBLIC EDUCATION 1201 16th St NW Ste 420 Washington DC 20036-3201	Name of Employer Transaction ID : VN8VBCW1GX7 Occupation	Date (month, day, year) 08/05/2014	Amount 5000.00
SIGNATURE (optional) Edward Dion Kaimihana <i>[Electronically Filed]</i>		DATE 08/06/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE PALLONE FOR CONGRESS PO Box 3176 Long Branch NJ 07740-3176	Name of Employer Transaction ID : VN8VBCVWEA4 Occupation	Date (month, day, year) 08/04/2014	Amount 2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE PROGRESSIVE ACTION POLITICAL ACTION COMMITTEE PO Box 70980 Washington DC 20024-0980	Name of Employer Transaction ID : VN8VBCVWE39 Occupation	Date (month, day, year) 08/04/2014	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE SEAFARERS POLITICAL ACTIVITY DONATION - SEAFARERS INTERNATIONAL UNION OF NA-AGLIWD/NMU 5201 Auth Way Camp Springs MD 20746-4211	Name of Employer Transaction ID : VN8VBCW1H26 Occupation	Date (month, day, year) 08/05/2014	Amount 5000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE SHORE PAC PO Box 3157 Long Branch NJ 07740-3157	Name of Employer Transaction ID : VN8VBCVWE96 Occupation	Date (month, day, year) 08/04/2014	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Kyle Mark Takai 98-524 Kiliohu Loop Aiea HI 96701-2150	Name of Employer State of Hawaii Transaction ID : VN8VBCVWEK5 Occupation Legislator	Date (month, day, year) 08/04/2014	Amount 50000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Alvin Tanaka 1486 Ala Hahanui St Honolulu HI 96818-1545	Name of Employer Pacific Transfer LLC Transaction ID : VN8VBCVWDX1 Occupation CEO	Date (month, day, year) 08/04/2014	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount