

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

01 / 01 / 2017

through

M M / D D / Y Y Y Y

03 / 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.

Beesley, Dylan, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Beesley, Dylan, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 05 / 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))	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)	26486.30	548421.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	32.00	8475.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26454.30	539945.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	367153.82	
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.)	32.00	8475.97
15. OTHER RECEIPTS (Dividends, Interest, etc.)	364.81	364.81
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	396.81	1171256.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26486.30	548421.09
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	5000.00	55000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	31486.30	888526.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	398243.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	396.81
25. SUBTOTAL (add Line 23 and Line 24).....	398640.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31486.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	367153.82

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 16
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Hawaii Employers Mutual Insurance Company

Mailing Address 1100 Alakea St
Ste 1400

City Honolulu State HI Zip Code 96813-2834

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
201.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2017

Transaction ID : VN8VBE49TD1

Amount of Each Receipt this Period
 32.00

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).....▶	32.00
TOTAL This Period (last page this line number only).....▶	32.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 16
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

A. Full Name (Last, First, Middle Initial)
Mahalo PAC

Mailing Address PO Box 2267

City Pearl City State HI Zip Code 96782-9267

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2017

Transaction ID : VN8VBE4WPS5

Amount of Each Receipt this Period
 364.81

Memo Item

Partial refund of 2/5/2016 contribution.

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)..... ▶	364.81
TOTAL This Period (last page this line number only)..... ▶	364.81

**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 16			
	<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

A. Bankcard Merchant Fees

Full Name (Last, First, Middle Initial)
Mailing Address 1399 E State St

City Geneva State IL Zip Code 60134-2491

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 04 / 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
1.25

Transaction ID : VN7W39WGGP4

Memo Item

B. Bankcard Merchant Fees

Full Name (Last, First, Middle Initial)
Mailing Address 1399 E State St

City Geneva State IL Zip Code 60134-2491

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 02 / 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
1.25

Transaction ID : VN7W39WK2M4

Memo Item

C. Bankcard Merchant Fees

Full Name (Last, First, Middle Initial)
Mailing Address 1399 E State St

City Geneva State IL Zip Code 60134-2491

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 03 / 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
1.25

Transaction ID : VN7W39WKXJ7

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 3.75

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 16	
	<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. CFO Compliance Group			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 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 001	Transaction ID : VN7W39WJT59	
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 02 / 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 001	Transaction ID : VN7W39WK7Z3	
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 03 / 20 / 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 : VN7W39WMYR4	
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 9 OF 16			
	<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 01 / 03 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Web Expenses		Amount of Each Disbursement this Period 34.89
Candidate Name	Category/ Type	Transaction ID : VN7W39WGGR0
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. Google Apps		Date of Disbursement M M / D D / Y Y Y Y 02 / 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		Amount of Each Disbursement this Period 34.90
Candidate Name	Category/ Type	Transaction ID : VN7W39WK2K6
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. Google Apps		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Web Expenses		Amount of Each Disbursement this Period 34.90
Candidate Name	Category/ Type	Transaction ID : VN7W39WKXK5
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).....▶	104.69
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 16			
	<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 01 / 04 / 2017		
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 : VN7W39WGGQ2		
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. Lanakila Strategies LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2017		
Mailing Address 285 Hiolani St			FEC Identification Number C		
City Makawao	State HI	Zip Code 96768-8652	Amount of Each Disbursement this Period 5759.16		
Purpose of Disbursement Consulting services		Category/ Type 001	Transaction ID : VN7W39WGG36		
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 01 / 23 / 2017		
Mailing Address 285 Hiolani St			FEC Identification Number C		
City Makawao	State HI	Zip Code 96768-8652	Amount of Each Disbursement this Period 5759.16		
Purpose of Disbursement Consulting services		Category/ Type 001	Transaction ID : VN7W39WHY00		
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).....▶	11684.55
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 16			
	<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 02 / 28 / 2017
Mailing Address 285 Hiolani St			FEC Identification Number C
City Makawao	State HI	Zip Code 96768-8652	Amount of Each Disbursement this Period 5759.16
Purpose of Disbursement Consulting Services		Category/ Type 001	Transaction ID : VN7W39WKNN2
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) B. Lanakila Strategies LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2017
Mailing Address 285 Hiolani St			FEC Identification Number C
City Makawao	State HI	Zip Code 96768-8652	Amount of Each Disbursement this Period 5759.16
Purpose of Disbursement Consulting Services		Category/ Type	Transaction ID : VN7W39WMYS2
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. National Democratic Club			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2017
Mailing Address 30 Ivy St SE			FEC Identification Number C
City Washington	State DC	Zip Code 20003-4006	Amount of Each Disbursement this Period 10.00
Purpose of Disbursement Capital Assessment Fee		Category/ Type	Transaction ID : VN7W39WK2H0
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).....▶	11528.32
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 16			
	<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 02 / 02 / 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 1650.00		
Purpose of Disbursement Database Fee		Category/ Type 001	Transaction ID : VN7W39WJT67		
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.			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).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	26471.31

**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 16	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. AIR LINE PILOTS ASSOCIATION PAC		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2017
Mailing Address 1625 Massachusetts Ave NW		FEC Identification Number C C00379263
City Washington	State DC	Zip Code 20036-2212
Purpose of Disbursement Void of 7/11/16 Refund		Amount of Each Disbursement this Period -3000.00
Candidate Name		Transaction ID : VN7W39WK7X7
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) B. AIR LINE PILOTS ASSOCIATION PAC		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2017
Mailing Address 1625 Massachusetts Ave NW		FEC Identification Number C C00379263
City Washington	State DC	Zip Code 20036-2212
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : VN7W39WK7Y5
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. UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2017
Mailing Address 701 Pennsylvania Ave NW Ste 200		FEC Identification Number C C00274431
City Washington	State DC	Zip Code 20004-3610
Purpose of Disbursement Void of 6/27/16 refund		Amount of Each Disbursement this Period -5000.00
Candidate Name		Transaction ID : VN7W39WJSJ9
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	-5000.00
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 14 OF 16	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

A. UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH) Full Name (Last, First, Middle Initial) Mailing Address 701 Pennsylvania Ave NW Ste 200 City Washington State DC Zip Code 20004-3610 Purpose of Disbursement Contribution Refund Candidate Name 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:		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2017 FEC Identification Number C C00274431 Amount of Each Disbursement this Period 5000.00 Transaction ID : VN7W39WJSK7 <input type="checkbox"/> Memo Item
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B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement 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:		Date of Disbursement M M / D D / Y Y Y Y FEC Identification Number C Amount of Each Disbursement this Period <input type="text"/> <input type="checkbox"/> Memo Item
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C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement 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:		Date of Disbursement M M / D D / Y Y Y Y FEC Identification Number C Amount of Each Disbursement this Period <input type="text"/> <input type="checkbox"/> Memo Item
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SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	0.00

**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 15 OF 16
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. FRIENDS OF MAZIE HIRONO			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2017
Mailing Address PO Box 677			FEC Identification Number C C00420760
City Honolulu	State HI	Zip Code 96809-0677	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type 011	Transaction ID : VN7W39WJY90
Candidate Name HIRONO, MAZIE K, , ,		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: HI District: 00		

Full Name (Last, First, Middle Initial) B. NANCY PELOSI FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2017
Mailing Address 700 13th St NW Ste 600			FEC Identification Number C C00213512
City Washington	State DC	Zip Code 20005-5998	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		Category/ Type 011	Transaction ID : VN7W39WJY74
Candidate Name PELOSI, NANCY, , ,		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 12		

Full Name (Last, First, Middle Initial) c. Schatz for Senate			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2017
Mailing Address PO Box 3828			FEC Identification Number C C00540732
City Honolulu	State HI	Zip Code 96812-3828	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type 011	Transaction ID : VN7W39WJY82
Candidate Name Schatz, Brian, , ,		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: HI District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
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 16			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Mark Takai for Congress

Full Name (Last, First, Middle Initial) A. TULSI FOR HAWAII		Date of Disbursement MM / DD / YYYY 02 / 03 / 2017
Mailing Address PO Box 75561		FEC Identification Number C C00497396
City Kapolei	State HI	Zip Code 96707-0561
Purpose of Disbursement Contribution	Category/ Type 011	
Candidate Name TULSI FOR HAWAII	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VN7W39WJYA8
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	5000.00