

**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 83 OF 90			
	<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. David Handleman			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016		
Mailing Address 1252 Cottingham Row					
City Bloomfield Hills	State MI	Zip Code 48302	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : VN7W39VXVF5		
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. Chad Iwamoto			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016		
Mailing Address 680 Iwilei Rd Ste 700					
City Honolulu	State HI	Zip Code 96817-5392	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : VN7W39VWHQ8		
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. Victor Kohn			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016		
Mailing Address 16135 Valley Meadow Pl					
City Encino	State CA	Zip Code 91436-3939	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : VN7W39VX9P0		
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).....	5900.00
TOTAL This Period (last page this line number only).....	_____