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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mark Takai for Congress PO Box 2267 ADDRESS (number and street) (Check if address is changed) Pearl City 96782 HI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@cfoconsults.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.marktakai.com (Check if address is changed) DATE 2018 C00548131 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Beesley, Dylan, , , Type or Print Name of Treasurer Beesley, Dylan,,, [Electronically Filed] 01 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candida	te information below.)
(b) This committee is an authorized committee, and is NOT a principal campa information below.)	aign committee. (Complete the candidate
Name of Candidate Takai, Mark, , ,	
Candidate Party Affiliation DEM Office Sought: House Senate	President State HI District 01
(c) This committee supports/opposes only one candidate, and is NOT an auth	norized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization)	ation on line 6.) Its connected organization is a
Corporation Corporation w/o Capital	Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and i committee. (i.e., nonconnected committee)	is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on	line 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburs committees/organizations, at least one of which is an authorized committee or	
(h) This committee collects contributions, pays fundraising expenses and disburs committees/organizations, none of which is an authorized committee of a federal committee.	
Committees Participating in Joint Fundraiser	
	number C
2. FEC II	number C
3 FEC IE	number C
4.	number C

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Write or Type Committee Na		. ago o
Mark Takai foi	r Congress	
	d Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	TE ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the	he person in possession of committee
	y, Dylan, , ,	
Full Name	PO Box 2267	
Mailing Address		
	Pearl City HI	96782
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer : List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the commi	ittee; and the name and address of
	, Dylan, , ,	
of Treasurer	PO Box 2267	
Mailing Address		
	L Doord City	
	Pearl City HI CITY STATE	
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent	Kai, Gary, , ,		
Mailing Address	1717 Mott-Smith Drive, Apt. 1812		
	Honolulu CITY	HI STATE	96822 ZIP CODE
Title or Position Deputy Treasure	rer Telephone nu	mber	
Banks or Other safety deposit bo Name of Bank, [r Depositories: List all banks or other depositories in which the commit oxes or maintains funds. Depository, etc. Bank of Hawaii	tee deposits fu	unds, holds accounts, rents
	,98-211 Pali Momi St		
Mailing Address	1		
	Aiea	HI	96701
		HI	96701 ZIP CODE
Name of Bank, [Aiea		
	Aiea		
	CITY Depository, etc.		
Name of Bank, [CITY Depository, etc.		
Name of Bank, [CITY Depository, etc.		