	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 161 OF 163 (check only one)
		Detailed Summary Pag		20a 20b 20c X 21
	ly information copied from such Reports and Statements of for commercial purposes, other than using the name and			
\rangle	NAME OF COMMITTEE (In Full) Mark Takai for Congress			
۹.	Full Name (Last, First, Middle Initial) Hawaii Democratic Party			Date of Disbursement
	Mailing Address PO Box 1793			05 06 2015
	City State Honolulu HI	Zip Code 96806-1793		Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution			500.00 Transaction ID : VN7W39TXJP0
	Candidate Name Hawaii Democratic Party		ategory/ Type	Halisaction ib . W/W391AJF0
	Office Sought: House Senate President State: Disbursement Fo Primary Other (s			
	Full Name (Last, First, Middle Initial)			
3.				Date of Disbursement
	Mailing Address			M M / D D / Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		ategory/ Type	
	State: District: Full Name (Last, First, Middle Initial)			+
Э.	Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement
				M M / D D / Y Y Y Y
				Amount of Each Disbursement this Period
Candidate Name			Category/ Type	
	Office Sought: House Senate President Disbursement Fo Primary Other (s	General		
	State: District:			
	UBTOTAL of Disbursements This Page (optional)			500.00
3		• • • • • • • • • • • • • • • • • • • •		,

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

500.00