LESISI ATIVE RESOURCE CENTER

2013 SEP 18 PM 12: 49

OFFICE OF THE CLERK

N.S. HOUSE OF REPRESENTATIVES

FINANCI	STATES HOUSE OF REPRESENTATIVIAL DISCLOSURE STATEMENT		FORM E			P	nge 1 of <u>8</u>
Period co	vered: January 1, 2012 - September	6, 2013	•				
Name:	Kyle M Takai	Daytim	ne Telephone:		OC.	ffice Use Only)	
Filer Status	X Candidate for the House of Representatives State: HI District: IS  New officer or employee Employing Office		of 8/2014	Check if Amendment	A \$200 pena	ity shall be a	
I. Did you or fees) of \$200 If yes, compi	NARY INFORMATION — ANSWER  your spouse have "earned" income (e.g., salaries or or more from any source in the reporting period?  Ye  tele and attach Schedule I.  The source, or a dependent child receive "unearned" ore than \$200 in the reporting period or hold any	98 X No	IV. Did you hold any repor of filing in the current caler if yes, complete and atta	dar year or in the price ch Schedule IV.	r <u>two</u> years?	Yes X	No 🗆
If yes, compl III. Did you, y able liability (i	set worth more than \$1,000 at the end of the period?  lete and attach Schedule II.  yeur spouse, or a dependent child have any reportmore than \$10,000) during the reporting period?  yete and attach Schedule III.		with an outside entity? If yes, complete and atta  VI. Did you receive compe a single source in the two If yee, complete and atta	nsation of more than to	\$5,000 from	Yes X	No X
	Each question in this part must be ar	newored and the		a attached for	each "Ves" re	esponse.	
	Lacir question in this part must be at	iswered and the	appropriate scriedu:	e allached for	Cacii 103 it		
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# 2013 SEP 18 PM 12: 49

OFFICE OF THE CLEPK
U.S. HOUSE OF REPRESENTATIVES

# SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Name Kyle M Takai Pege 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Source (include date of receipt for honoraria) Type Current Year to Filing Preceding Year XYZ Corporation, Houston, TX Salary \$28,450 \$8,300 Director's Fee First Bank & Trust, Houston, TX \$3,200 \$400 Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2) \$1,000 Honorarium 0 Harris County, Taxas Public Schools Spouse Salary NA NA State of Hawaii Salary \$ 32,051 \$ 43,118 Pacific First Enterprises LLC LLC \$ 31,000 \$ 46,577 Pacific First Enterprises LLC Spouse, LLC N/A N/A DFAS - National Guard 11,838 Salary 23,342

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Name Kyle M Takai

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#### SCHEDULE II - ASSETS AND "UNEARNED" INCOME

BLOCK A BLOCK B BLOCK C BLOCK D Asset and/or Income Source Value of Asset Type of Income Amount of income identify (a) each asset held for investment or production Indicate value of asset at close of Check all columns that apply Fo For assets for which you checked "Tax-Deferred" in Block C, you may etirement accounts that do not allow you to choose specific with a fair market value exceeding \$1,000 at reporting year. If you use a valuation the end of the reporting period, and (b) any other reportable asset or sources of income which generated income during the year. check the "None" column. For all other assets, indicate the category of method other than fair market value, ents <u>or</u> that generate tax income by checking the appropriate box below. Dividends, Interest, please specify the method used. and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. deferred income (such as 401(k) Provide complete names of stocks and mutual fi plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even If an asset was sold during the report-(do not use ticker symbols). ng year and is included only because This column is for income derived from assets solely held by your For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the it generated income, the value should if reinvested, must be disspouse or dependent child. ed as income. Check account that exceeds the reporting thresholds. if the asset generated no incon For rental or other real property held for investment, provide a complete address or a description, e.g., rental property, and the city and state \*This column is for assets solely held by your spouse or dependent child. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business CDEF GHI **Current Year** Preceding Year ness, the nature of its activities, and its geographic location in Block A. v lvi lvii lvii lix l x lxi lxi HE IV V VI VII VIII IX XI XII Exclude: Your personal residence, including secon hames and vacation homes (unless there was renta holmes and vacation homes (unless there was rental income during the reporting period); any deposits total ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income getweet from, a federal retirement program, including the Thrift Savings Plan. ò \$1,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$1000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 TRUST \$1,000,001 – \$5,000,000 Over \$5,000,000 : ... Spouse/DC Income over \$ \$50,001 – \$100,000 \$100,001 – \$1,000,000 \$1,000,001 – \$5,000,000 Cver \$5,000,000 If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depen-dent child (DC) or is jointly held with your spouse (JT), \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$16,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 (Specify: e.g., Partnership INTEREST
CAPITAL GAINS
EXCEPTED/BLIND TO \$1,001 – \$2,500 \$2,501 ~ \$5,000 \$5,001 – \$15,000 \$15,001 – \$60,000 in the optional column on the far left Over \$50,000,000 Far a detailed discussion of Schedule II requirements \$201 -- \$1,000 Other Type of ase refer to the instruction booklet SP SP Mega Corp. Stock DC Simon & Schuster Indefinite X X 1st Bank of Paducah, KY account JTRental - Condo Pearl City, HI Pacific First Health LLC x Solutions LLC X J<sup>l</sup>Pacific First Enterprises LLC  $\mathbf{J.C}$ x |SPWalt Disney Stock X JTKinetics Mutual Funds X S#Manulife Financial

For additional assets and unearned income, use next page.

## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Kyle M Takai

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## SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Kyle M Takai Page 5 of 8

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#### Name

Kyle M Takai

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#### SCHEDULE III - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

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SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability		\$15,001— \$60,000 ED	\$100,001— \$250,000 ©		#500,001		\$5,000,000,— \$25,000,000 =	SS0,000,000 C
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			Х	. • *				
JT	Wells Fargo Bank	Apr 2005	Mortgage on Rental	10 A		х					
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### SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
LLC Manager	Pacific First Health Solutions LLC
LLC Manager	Pacific First Enterprises LLC
President	Waiau Gardens Kai G-1
Vice President	Hawaii Supports Our Military
President	Hawaii National Guard Association

Use additional sheets if more space is required.

Name Kyle M Takai

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#### SCHEDULE III - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

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#### SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
Vice President	NGA-HI Insurance Trust
President	UH Letterwinners Club
Secretary	National Guard Conference Corporation of Hawaii Inc.

Use additional sheets if more space is required.

Name	Kyle M Takai	Page 8 of 8
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## **SCHEDULE V -- AGREEMENTS**

## SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
AB & Associates Insurance Services Inc	Insurance Sales
Honolulu, HI	
Military Impacted Schools Association	Consulting Services
Gretna, NE	

GPO: 2013 78-995 (mac)