No IX	Yes 🔲	spendent child	e, transactions, or liabilities of a spouse or depirst consulted with the Committee on Ethics.	arned" income ss you have fir	er assets, "une wer "yes" unles	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMP because
No	Yes	ot be	cs and certain other "excepted trusts" need no r spouse, or a dependent child?	nittee on Ethic ting you, your	d by the Comn า a trust benefi	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS disclose
ซ	QUESTION	OF THESE (	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCL
	esponse.	each "Yes" n	appropriate schedule attached for each "Yes" response.	l and the a	e answered	Each question in this part must be answered and the appropriate sched	
N <sub>S</sub>	Yes X	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	<u>₹</u>	Yes X	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule III.	III. Did yo able liabii <b>If yes, co</b>
N N	Yes	angement	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	<u>s</u>	Yes X	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did yo income or reportable If yes, co
S S	Yes 🛛	efore the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	<u>§</u>	Yes X	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	I. Did you fees) of \$
			ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWE	In all sect
assessed who files		A <i>\$200 penalty</i> shall be against any individual more than 30 days late.	check if n: 8/9/14 Amendment	Date of Election:	H1 1st	X Candidate for the Xtate:H  By House of Representatives District:1:  Substituting District:	Filer Status
	(Office Use Only)	(C)				1	
ATIVES	U.S. HOUSE OF THE CLERK  N  N	U.S. HOUSE	Daytime Telephone:	Daytime		Kvle M Takai	Name:
Page 1 of 9 CENTER : 25	LEGISLATIVE RESOURCE CENTER 2014 MAY 23 PM 1: 25	LEGISLATI 2014 MA	FORM B For use by candidates and new employees	ת	TIVES ), 2014	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - April 30, 20:	UNITED FINANC Period co
	MAY 1.5 2014	ΥΔM					ŀ

## SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name Kyle M Takai

> Page 2 of 9

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. 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

Exclude: Milliary pay (such as National Guard of neserve pay), lederal refilement programs, and benefits received under the social security Act.	enient programs, and benefits re	celved under the Social S	security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
The section of the se	1 )	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Fyamples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of Hawaii	Salary	21,613	47,163
DFAS - National Guard	Salary	6,230	13,818
Pacific First Enterprises LLC	LLC	6,464	42,939
Pacific First Enterprises LLC	Spouse, LLC	N/A	N/A

I.	W	ਰੂ	0	9	Ħ	5	DC, Examples:	SP,	Exclude: Your personal homes and vacation homes and vacation himcome during the repoing \$5,000 or less in accounts; and any finderived from, a federal the Thrift Savings Plan. If you so choose, you income source is that dent child (DC) or is joil in the optional column of th	For an ownership in that is not publicly ness, the nature conception in Block A.	Asset a Identify (a) each of income with a the end of the reportable asset more than \$200 Provide complet (do not use ticke (do not use ticke For all IRAs and plans) provide account that exc For rental or ott provide a comparity.
Insured Deposit	Walt Disney	Poly Shield Tech	Oracle Corporation	Omnivision Tech	Ameritrade	1st Bank of Paducah, KY accounts		SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  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.
	Ĺ	ļ							None	Þ	reported rep
		ļ	<u> </u>	—	-	┡	-	┞-	\$1 - \$1,000	<del>в</del>	Indicate va reporting y method ot please spe ff an asset ing year ar it generate be "None." "This colur by your sp
<u>×</u>	×-	×	×	×	ļ .	╂╌	Indefinite	<u> </u>	\$1,001 - \$15,000 \$15,001 - \$50,000		e vang) ot dot dot spe sset rate ne."
		<del> </del>	+	<del> </del>	·   · · · · · · ·	╂┈		×	\$50,001 - \$100,000		nn dir wa city
			<del> </del>	<del> </del>		×	(D	Ĥ	\$100,001 - \$250,000	771	BE Sin hoose
	<del> </del>	1	<u> </u>	<del> </del>	†	╁	Ì	<del> </del>	\$250,001 - \$500,000	Ω.	ass ass
	<del> </del>		<del>                                     </del>	+	1	1	T		\$500,001 - \$1,000,000	<b>I</b>	BLOCK B ue of As of asset a If you use han fair m the meth the meth included come, the s for asset
	†	<u> </u>	1	<b>†</b>	1	T			\$1,000,001 - \$5,000,000	_	Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."  *This column is for assets solely held by your spouse or dependent child.
			1	1		Т			\$5,000,001 - \$25,000,000	۲.	The lue the wall
		1				Ì			\$25,000,001 - \$50,000,000		This hild
									Over \$50,000,000		J. seld build
	Ι								Spouse/DC Asset over \$1,000,000*	≤	·
							-	×	NONE		
×	<u> </u>	×	×	Ų×_	ļ	L	ļ	<u> </u>	DIVIDENDS		Type of Income Check all columns that appretirement accounts that of allow you to choose spinwestments of that general deferred income (such as plans or IRAs), you may che "fax-Deferred" column. Divid interest, and capital gains if reinvested, must be closed as income. Check if the asset generated no ir during the reporting period.
	<u> </u>	<u> </u>	ļ	<u> </u>	<b></b>	<b>.</b>	_	<u> </u>	RENT		per all or all o
		ļ	ļ	ļ	-	×	<u> </u>	-	INTEREST		SLC accc accc to to produce to peroperated accco
	ļ		ļ	ļ	ļ	▙	<del> </del>	╄	CAPITAL GAINS	·····	BLOCK C  e of Inc.  olumns tha accounts to choose s or that ge come (such As), you ma ed column. Id capital g  draptal fincome. Ch income. Ch income. Ch
				ļ	ļ	↓	-	<del> </del>	EXCEPTED/BLIND TRUST		hat: Sen nay Per nay Per nay
	ļ	ļ	-		1	┡	-	-	TAX-DEFERRED Other Type of Income		BLOCK C  Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k)) plans or IRAs), you may check the "fax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
						ı	Royalties		(Specify: e.g., Partnership Income or Farm Income)		y. Fo
	1		1	1	1	-	; ö	ļ	None —	-1	
<b>X</b>	×	<b>M</b>	M	<b>  M</b>		╂	-	<del></del>	\$1 - \$200 =	-1	spc * T inche
	<u> </u>	ļ — —		1		┢	-	-	\$201 - \$1,000 =	<b>-i</b>	nis om om
		<del> </del>		1	1	t		×	\$1,001 - \$2,500		e college by
			<b></b>	1		×	×		\$2,501 - \$5,000 <	1 ይ	s fo
		<u> </u>	<b></b>	<b>†</b>		1	1	<del> </del>	\$5,001 − \$15,000 ≤	1 3	n sck ug one
									\$15,001 - \$50,000 <u></u>	1 5	nde King
						Г			\$15,001 - \$50,000 \( \pmathbb{\pmathba\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Current Year	one of the
										] ğ	For assets for which you checket the "None" column. Fincome by checking the apand capital gains, even income. Check "None" if no * This column is for income spouse or dependent child.
			ļ	<u> </u>		<u> </u>	-	<u> </u>	\$1,000,001 - \$5,000,000 ×		d. no
			ļ	<u> </u>	<u> </u>	L	L		Over \$5,000,000 \(\times\)	_	BE der der
				ļ		Ļ	-	ļ.,	Spouse/DC Income over \$1,000,000* ≚	<u> </u>	Int of In Int Int Int Int Int Int Int Int Int
≱		M	×	×	<u> </u>	1_	ļ	ļ	None -		Tax ves by will
	×	ļ		-	1	<u> </u>	<u> </u>		\$1 - \$200 =	_	BLOCK D  Amount of Income  I checked "Tax-Deferron. For all other assets, appropriate box belowen if reinvested, mif no income was earn ome derived from assuild.
	ļ	<u> </u>	<del> </del>	<del> </del>	<del> </del>	1	<del> </del>	×	\$201 - \$1,000 <b>#</b>	<b>┦</b> 꽃	ets bek
	<u> </u>	<del> </del>	+	+-	1-	L	×		\$1,001 - \$2,500 < \$2,501 - \$5,000 <	-  %	red jw., inc nus ned
	1		+	-	+	厃	۴	-		≝.	s so
	†			1	1		í	į	### por ##p pop	- Ja	등 <b>등 하고</b> 등 및
			1	1	1	T			34 1-34 (M14 *** 36C343 1 N m 1		
				ļ		L			\$15,001 - \$50,000 \(\leq\) \(\	1 ≾	ly ner
									\$50,001 <b>–</b> \$100,000 <u>≦</u>	Year	ock C, the car ends, i disck nerate
									\$100,001 - \$1,000,000	] =	Amount of Income  Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, you check the "None" column. For all other assets, indicate the categorincome by checking the appropriate box below. Dividends, into and capital gains, even if reinvested, must be disclose income. Check "None" if no income was earned or generated.  * This column is for income derived from assets solely held by spouse or dependent child.
										֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֓֓֡	Amount of Income  Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.  * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Ç	Continuation Sheet (if needed)						Name	Kyle M	Takai		Page 4_of	of 9
	BLOCK A		вгоск в		вгоск с				ВГС	BLOCK D		
	Asset and/or Income Source		Value of Asset	. <u></u>	Type of Income	ome			Amount	Amount of Income		
SP.		A B C D	EFGHIJK	г		1		Current Y	Year	Pre	Preceding Year	
JŢ,			000		JST		=	XI JIIN BA IA A	×	XII II II IIX	X IIIA IIA A	X XI XII
DC.		,000 - \$15,000 - \$50,000	- \$100,000 11 - \$250,000 11 - \$500,000 11 - \$1,000,000 1001 - \$5,000,000 1001 - \$25,000,000	0,001 \$50,000, 0,000,000 DC Asset over \$1	L GAINS TED/BLIND TRU	FERRED Type of Income- ship Income or Fai	1,000	\$2,500 \$5,000 \$15,000 \$50,000	- \$100,000 \$1,000,000 01 - \$5,000,000 000,000	<del>,</del>	\$5,000 \$15,000 -\$50,000 -\$100,000 -\$1,000,000	01 - \$5,000,000 000,000 Income over \$1,000,000
			\$50,0 \$100 \$250 \$500 \$1,00 \$5,00	Over	EXC	Oth Part	None \$1 - \$ \$201	\$2,50 \$5,00 \$15,0	\$100,0 \$1,000 Over \$	None \$1 - \$ \$201 -	\$5,00 \$15,00 \$50,00 \$100,0	Over:
	Hawaii Deferred Comp											
	Stable Fund		<b>×</b>			X	X			X		
	Fixed Income		<b>M</b>			×	X		- ,	X		
	Balanced	×				X	X			×		
	Large Cap Stock		×			×	X	,		X		
	Mid Cap Stock		×			×	×			×		
	Small Cap Stock		X			×	X			×		
	al/Intl		×			×	×			×		÷
	Hawaii State FCU Roth IRA - Cash	×				X	×			×		
	First Hawaiian Bank SEP-Gen Mny Mkt Fd	X				X				×		
	Lending Club	×			X		×			×		
	1 M	×				X	ri —			M		
	Lending Club - Micro Loan	×					~			×		,
	Cash					x x	X			X		

This page may be copied if more space is required.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continu	. Continuation Sheet (if needed)			Name Kyle M Takai	Page 5 of 9
	BLOCK A	BLOCK B	BLOCK C	BLOCK D	OK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	of Income
SP,		B C D E F G H - J K	fy: e.g.,	Current Year	Preceding Year
<u>,,</u>		0	000,0		
R		0,000 00,000 250,000 500,000 1,000,000 \$5,000,000	NS BLIND TRUS	0 0 00 000 0,000 000,000 5,000,000	000 000 ,000 000,000 5,000,000
		None \$1 - \$1,000 \$1,001 - \$15, \$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$2 \$250,001 - \$1 \$1,000,001 - \$25,000,000 - \$25,000,000 - \$25,000,000 -	Over \$50,000, Spouse/DC Ass NONE DIVIDENDS RENT INTEREST CAPITAL GAIN EXCEPTED/B TAX-DEFERRI Other Type o	Partnership Inc None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100, \$100,001 - \$1,0 \$1,000,001 - \$5 Over \$5,000,000 Spouse/DC Income of	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$50,001 - \$100, \$100,001 - \$1,0 \$1,000,001 - \$5 Over \$5,000,000
SP	Walt Disney Stock	X	X		
SP	fe	×	X	X	×
J.	State IRA -	M	×	×	×
SP	Hawaii State FCU- IRA - Cash	×	X		×
SP	TIAA Cref				
	CREF Equity	×	×	×	×
	TIAA Real Estate	×	×	M	×
	CREF Infl Linked	X	м	<b>M</b>	<b>M</b>
SP		×			
SP	John Hancock- Whole Life Ins	X	*	×	X
SP	MassMutual- Whole Life Ins	×	×	×	X

This page may be copied if more space is required.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

	Contin	Continuation Sheet (if needed)		Ž	Ĺ	₽	"UNEARNED" INCOME	ī	Ç		Z	2	¥	ī										·-	2	Name		Kyle	16		K	Takai	ķ	<b>₽</b> .								Pa	Page 6	6	H	6	of 52	of 9
None   None		BLOCK A		j	- 1			8	<b>a</b> I	_	- 1	Í	- 1	- 1		1		. I	5	웃	ဂ					- 1	1	1	1	1			1		ᅠ	8 🗀	쥬 <b>!</b>	~		] ]			] ]		11			
Ha   Ha   Ha   Ha   Ha   Ha   Ha   Ha		Asset and/or income Source			_	<u>a</u>	Le	<u>o</u> ,	Ď	\$\$	*						₹	9	<u>Q</u>	5	8	₹	19										₽	ğ	3	<u>Q</u>	=	ត្ត	Ĭ	æ								
H	SP,			ဂ	0	Ш	η	១	I	_	ت			000* ≤										ome)			ŀ	ି <sub>।</sub> ଧ	<del>]</del>	3 (	- Z I	eg	_				Í		I	a l	ĝ l	ا يق	.≅ 1		١٢	y Yea	) Year	y Year
Hawaii   State   FCU	DC 51,				01 - \$50,000				001 - \$1,000,000									<del></del>						nership Income or Farm Inc	_		-\$1,000 <u></u>	<del>,</del>		-\$15,000 ≤	11 - \$50,000	1 - \$100,000		·		OC Income over \$1,000,000*		200 ==			- \$5,000 <	- \$15,000 ≤	1 – \$50,000 ≦		1 – \$100,000 ≦	1 - \$100,000 ≦ 01 - \$1,000,000 ⋜		01 - \$1,000,000 🕱
Rental - Condo Pearl City, HI  X  X  X  X  X  X  X  X  X  X  X  X  X		c First Solutions		_	×																		<u> </u>		×			_					_			_	4 · !	5	5		\$	\$	\$		\$		\$	\$
Pacific First LLC X X I LC X X I X X I X X I X X I X X I X X X X	ΤĽ	- Condo l City. HI					×										<del>,</del> +	$\stackrel{\sim}{-}$					Į						$-\!$	4							>						4					
Kinetics Mutual Fd X X X X X X X X X X X X X X X X X X	JT							×							-		-			-			Ξ							<b>∢ þ</b>										$\Box$			<b>&gt;</b>		4	1	1	1
Hawaii State FCU X X X X X X X X X X X X X X X X X X X	JT	Da L		×											-	<del>x  </del>		<del>-  </del>					ļ			∢				Þ								₹							<b>b</b>	<b>&gt;</b>	<b>&gt;</b>	>
	JT	State					×			!									×							×									_:		L	×										
				,		l																																										
				]								<u> </u>							<u> </u>																													
				J								<u> </u>																																	1			
				Ţ									-				-	<b> </b>																														
				]								<u> </u>				-		<b></b>	-																					]								
																																					.								1			
																																										_ 1						
												f			<del></del>																													•				
			F	厂		Г	Г	r	Г				Г		-	Н		-	₽	<u> </u>	L	L		1	L	E	L			-			-															

This page may be copled if more space is required.

#### SCHEDULE III — LIABILITIES

Name Kyle M Takai

Page Z of 9

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 furnitively. ling 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. ture, 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 sib-

								Amount of Liability	nt of	Liabi	₹			
SP, DC,	Creditor	Date Liability	Type of Liability	>	В	0	-			) <u> </u>			- 1	er 大
JT		mo/year		\$10,001— \$15,000	\$15,001— \$50,000 <b>\$50,001</b> —	\$100,000	\$100,001— \$250,000 <b>\$250,00</b> 1—	<b>\$500,000</b> \$500,001–	\$1,000,000 <b>\$1,000,00</b> 1	\$5,000,000	\$5,000,001 \$25,000,00	\$25,000,00 \$50,000,00	Over \$50,000,00	Spouse/DC Liability ov \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE					_						
		April												
JT	Wells Fargo Bank	2005	Mortgage on rental				X							
					<u>-</u>									

#### **SCHEDULE IV — POSITIONS**

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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,

and positions solely of an honorary nature 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 notionally fiature.	iature.
Position	Name of Organization
LLC Manager	Pacific First Health Solutions LLC
LLC Manager	Pacific First Enterprises LLC
President	Waiaua Gardens Kai G-1
Vice President	Hawaii Supports Our Military
President	Hawaii National Guard Association

Use additional sheets if more space is required.

#### SCHEDULE III - LIABILITIES

Name Kyle M Takai

Page 8 of 9

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling 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. ture, 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 sib-

		_				,	
ş	DC, Л						
	Creditor	Example: First Bank of Wilmington, DE					
Date	Incurred mo/year	May 1998					
	Type of Liability	Mortgage on 123 Main Street, Dover, DE					
>	\$10,001— \$15,000						
0	\$15,001— \$50,000						
0	\$50,001— \$100,000	·					
٥	\$100,001— \$250,000						
Amou	\$250,001 \$500,000 \$500,001						
FIR	\$1,000,000	L					
Amount of Liability	\$1,000,001— \$5,000,000 \$5,000,001—						
	\$25,000,000 \$25,000,001—					<u> </u>	
-	\$50,000,000 Over		· <u>-</u>				
	\$50,000,000 Spouse/DC		-	ļ <u>.</u>			
<u>~</u>	Liability over \$1,000,000				<u></u>		

#### SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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,

and positions solely of an honorary nature 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 solety of an individity hattie.	iule.
·	Position	Name of Organization
	President	NGA-HI Insurance Trust
	President	UH Letterwinners Club
	Secretary	National Guard Conference Corporation of Hawaii Inc

### SCHEDULE V - AGREEMENTS

Name Kyle M Takai

Page 9 of 9

	efit plan maintair	service; continua	identify the date,
THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE	efit plan maintained by a former employer.	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or ben-	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government

Date				
Parties To				
3To_				
Terms of Agreement	-			
eement		:		

# 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	
US Skills LLC Jamestwon RI	Consulting services