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EXEMPTION — because they me	TRUSTS—Detail	XCLUSION		III. Did you, your a bie liability (more if yea, complete a	II. Did you, your spou income of more than a reportable asset worth if yea, complete and	l. Did you or your less) of \$200 or m if yes, complete a	RELIMINA	n all sections, pie	Statue			Name: /n	Since Associa	TED ST
Have you excluded set all three tests fo	is regarding "Qualifyou excluded from	OF SPOUS	ach question	pouse, or a depender than \$10,000) during ind attach Schedule	ocuse, or a dependent in \$200 in the reporting orth more than \$1,000 or and attach Schedufe II.	spouse have "earned ore from any source i and attach Schedule	PRELIMINARY INFORMATION	ase type or print cid	New officer or employee	Candidate for the House of Representatives		MARK TAI	gina wayo wa camay i, a	NTES HOUSE DISCLOSURI
from this report an rexemption? Do no	ed Blind Trusts" ap this report details o	E, DEPENDE	n this part mu	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.	 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? yea, complete and attach Schedule II. 	 Did you or your spouse have "samed" income (e.g., salaries tees) of \$200 or more from any source in the reporting period? If yee, complete and attach Schedule i. 	1	In all sections, please type or print clearly in blue or black ink	Empk	e State: — sentatives District:		TAKANO		
y other assets, "uno ot answer "yes" unio	proved by the Com if such a trust benef	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	st be answered	₹	tod; 7€.	~ ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	ANSWER EACH	lnk.	Employing Office:	(NTATIVES
earned" income ess you have fi	mittee on Ethic liting you, your	ST INFOR	and the a	₹	\$	\$	OF THES	-		_ Date of Election		Daytime		TI
EXEMPTION —Have you excluded from this report any other assets, "uneamed" income, transactions, or lial because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "dadlosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a depend	_ <u>≯</u>	ppropriate sche	VI. Did you receive or a single source in the If yes, complete and	V. Did you have any with an outside entity. If yee, complete and	IV. Did you hold any of flling in the current if yes, complete and	EACH OF THESE QUESTION			Date of Tune 5, 2012		Daytime Telephone.		FOR or use by candidates
bilities of a spouse or dependent child e Committee on Ethics.	excepted trusts" need not be sent child?	NSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	ompensation of more than \$5,000 from this prior years?	reportable agreement or arrangement of attach Schedule V.	eportable positions on or before the date calendar year or in the prior two years? attach Schedule IV.	S			Check if Amendment				IM B s and new employees
dependent child	not be	OF THESE	each "Yes" re	1 \$5,000 from	urangement	before the date for two years?			more than 30 days late.	A \$200 pena	U.S. HOUSE, B	2012 NOV	LEGISLATIVI	HAND DELIVERED
Y98 □	□	NOTTSEUE	sponse.	§ □	§	§			;		U.S. HOUSE OF BEPRESENTATIVES	2012 NOV 15 PM 4: 44	LEGISLATIVE RESOURCE CENTER	ELIVE
X %	₹	T		₹ X	₹ \	₹			410	nssessed	TIVES U	7 1	NTER	350

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name MAKK TAKANO

Page 2 of S

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exceeding \$1,000. See examples below.	more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; lis	List the source, type, and amount of earned income from any source (other than the filer's current empl
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	list only the source for other spouse earned income	ployment by the U.S. Government) totalling \$200 or
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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Course displicate the constitution for the community		Amount	unt
Course (include date of receipt for including)	.) [Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- 1	Director's Fee	\$400	\$ 3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
T	Salary	39,031.59	\$ 86,242.94
	Stipend	\$ 1.600.00	\$ 4,500 10
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name MAKK TAKANO

Continuation Sheet (if needed)

			•					SP, JT, DC		
	•						California Public		Asset and/or Income Source	BLOCK A
							x	None	Value of Asset	вгоск в
							<i>x</i>	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income	BLOCK C
							×	None	Amount of Income	BLOCK D
								\$201 - \$1,000 \(\exists \) \$1,001 - \$2,500 \(\times \) \$2,501 - \$5,000 \(\times \) \$5,001 - \$15,000 \(\times \) \$15,001 - \$50,000 \(\times \) \$50,001 - \$100,000 \(\times \) \$100,001 - \$1,000,000 \(\times \) \$1,000,001 - \$5,000,000 \(\times \) Over \$5,000,000 \(\times \)	ome	

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End lating state teaching	nia Stal	^	E	New york Life 1	00		Examples:	SP. SP Mega Corp. Stock	account and its value at the end of the reporting period. Account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. 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. 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 III requirements, please refer to the instruction booklet.	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 end of 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) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the
		*	×	7	×	×	Indefinite	×	None	BLOCK B 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."
<u>×</u>	×		×	X	×	×	Royaities	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" 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.
X	×	× ×	×	× ×	×		×	X	None	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), 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.

SCHEDULE III — LIABILITIES

Name Minh Jukung

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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 sibowed 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.

				J DC,	
		Department of Education	Example: First Bank of Wilmington, DE	Creditor	
		Rb 2011	May 1998	Liability Incurred mo/year	Date
		Feb 2011 Federal Student Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001— \$15,000	
		 `×		\$15,001— \$50,000	
				\$50,001— \$100,000	
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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 of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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 or only or an inollocary materio.	C.C.C.
Position	Name of Organization
0 0 0 0 0 0 0 0 0	

SCHEDULE V — AGREEMENTS

Page of	Name

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 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 benefit plan maintained by a former employer.

Date To Pyrodilloin	25	- Dorting To

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) Example: Doe Jones & Smith, Hometown, Homestate