

HAWAII STATE ETHICS COMMISSION CANDIDATES' DISCLOSURE OF FINANCIAL INTERESTS

NAME (Last, First, Middle) Takai Kyle M	OFFICE TO WHICH YOU SEEK ELECTION: House District 33
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ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year (1/1/11 - 12/31/11), for services rendered, and the nature of the services rendered.

NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
Hawaii State Legislature 415 S. Beretania St, Honolulu, HI 96813	D	State Representative
Hawaii Army National Guard 3949 Diamond Head Rd, Honolulu, HI 96816	D	Army National Guard Officer
State of Hawaii - DCCA 335 Merchant St, Honolulu, HI 96813	B	Electric Car Rebate
Pacific First Health Solutions LLC 98-524 Kiliohu Lp, Aiea, HI 96701	E	Insurance Sales/Consulting
Pacific First Enterprises LLC 98-524 Kiliohu Lp, Aiea, HI 96701	D	Insurance Sales/Consulting
Kyle and Sami Takai 98-524 Kiliohu Lp, Aiea, HI 96701	C	Rental Property

Check here if entry is None
 Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period (1/1/11 to date of filing) in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
Pacific First Health Solutions LLC 98-524 Kiliohu Lp, Aiea, HI 96701	Insurance Sales/Consulting	Stocks	B
Pacific First Enterprises LLC 98-524 Kiliohu Lp, Aiea, HI 96701	Insurance Sales/Consulting	Stocks	B
TD Ameritrade, PO Box 2209, Omaha, NE 68103	Stocks	Stocks	C
Lending Club, 71 Stevenson, San Fran, CA 94105	Investments	Investments	B
Hawaii529, PO Box 219779, Kansas City, MO 64121	College Savings	Investments	D

Check here if entry is None
 Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred **during the disclosure period** (1/1/11 to date of filing) and the date of transfer.

OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached	

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed **during the disclosure period** (1/1/11 to date of filing) and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
Wells Fargo Home Mortgage PO Box 10335, Des Moines, IA 50306 Wells Fargo Home Mortgage PO Box 10335, Des Moines, IA 50306	H G	H F
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached		

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held **during the disclosure period** (1/1/11 to date of filing) in any business or organization, the term of office, and the annual compensation.

NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
Waiiau Gardens Kai G-1 300 Bethel St, Honolulu, HI 96813 Hawaii Supports Our Military, 94-537 Meaaina Pl, Waip, HI 96797 Hawaii National Guard Assn 3949 Diamond Head Rd, Honolulu, HI 96816 NGA-HI Insurance Trust 3949 Diamond Head Rd, Honolulu, HI 96816	President Vice President Vice President Secretary	4/11-4/12 1/12-1/13 10/11-10/12 1/12-1/13	None None None None
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held **during the disclosure period** (1/1/11 to date of filing), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
98-1284 Hoohiki Pl, Pearl City, HI 96782	1-9-8-59-23-90	H

 Check here if entry is None

 Check here if additional sheets are attached
ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State, acquired **during the disclosure period** (1/1/11 to date of filing), if the interest has a value of \$10,000 or more. Real property that is your personal residence need not be listed.

STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT AND NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

 Check here if entry is None

 Check here if additional sheets are attached
ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred **during the disclosure period** (1/1/11 to date of filing), if the interest has a value of \$10,000 or more. Real property that was your personal residence need not be listed.

STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT AND NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

 Check here if entry is None

 Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period (1/1/11 to date of filing), excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

Check here if entry is None

Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

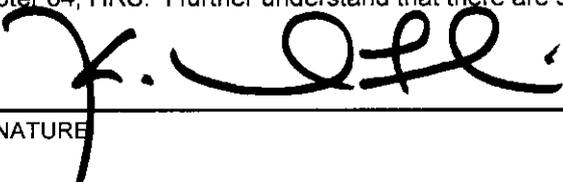
List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period (1/1/11 to date of filing), if the interest has a value of \$5,000 or more.

NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
		STATE OF HAWAII STATE ETHICS COMMISSION	'12 JUN 15 P 3:16

Check here if entry is None

Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.



06/13/2012

SIGNATURE

DATE