

**HAWAII STATE ETHICS COMMISSION  
DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)**

<b>NAME (Last, First, Middle):</b> Takai Kyle M <b>STATE POSITION HELD:</b> State Representative <b>DEPT/DIVISION or BOARD/COMMISSION:</b> Legislature/Hawaii House of Representatives <b>TERM OF OFFICE (Begin/End):</b> / 11/07/2012 11/04/2014	<b>Date Received:</b> 13 MAY 14 P12:13  STATE OF HAWAII STATE ETHICS COMMISSION
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**FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.**  
 USE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

**ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR**

List the source and amount of all income of \$1,000 or more received during the preceding calendar year for services rendered (INCLUDING INCOME EARNED FROM YOUR STATE POSITION), and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Hawaii State Legislature 415 S. Beretania Street, Honolulu, HI 96813	D	State Representative
F	Hawaii Army National Guard 3949 Diamond Head Road, Honolulu, HI 96816	C	Army National Guard Officer
JT	Pacific First Enterprises LLC 98-524 Kiliohu Loop, Aiea, HI 96701	E	Insurance Sales/Consulting
JT	Kyle and Sami Takai 98-524 Kiliohu Loop, Aiea, HI 96701	C	Rental of 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 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. YOU ARE REQUIRED TO LIST ALL STOCKS, MUTUAL FUNDS OR OTHER NON-RETIREMENT INVESTMENT INTERESTS VALUED AT \$5,000 OR MORE. Please see instructions available at <http://hawaii.gov/ethics/forms/findisc/D-201-LONGINST.pdf>.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Pacific First Health Solutions LLC 98-524 Kiliohu Loop, Aiea, HI 96701	Consulting	Stocks	B
JT	Pacific First Enterprises LLC 98-524 Kiliohu Loop, Aiea, HI 96701	Insurance Sales/Consulting	Stocks	B
F	TD Ameritrade, PO Box 2209 Omaha, NE 68103	Stocks	Stocks	C
F	Lending Club, 71 Stevenson San Francisco, CA 94105	Investments	Investments	C
DC	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 and the date of transfer.

F,SP,DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
SP	Pacific First Health Solutions LLC 98-524 Kiliohu Loop, Aiea, HI 96701	01/01/2012
<input 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 and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP,DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Wells Fargo Home Mortgage PO Box 10335, Des Moines, IA 50306	H	H
JT	Wells Fargo Home Mortgage PO Box 10335, Des Moines, IA 50306	G	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 in any business or organization, the term of office, and the annual compensation.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Waiau Gardens Kai G-1 800 Bethel St, Honolulu, HI 96813	President	4/12-4/13	None
F	Hawaii Supports Our Military 94-537 Meaaina Pl, Waipahu, HI 96707	Vice President	1/12-1/13	None
F	Hawaii National Guard Assn 3949 Diamond Head Rd, Hon, HI 96816	President	10/12-10/13	None
F	NGA-HI Insurance Trust 3949 Diamond Head Rd, Hon, HI 96816	Vice President	1/12-1/13	None
F	UH Letterwinners Club 1774 Lower Campus Road, Hon, HI 96822	President	7/12-6/13	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, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
JT	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, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & 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, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & 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, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
<input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>	

**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F, SP, DC, JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
<input checked="" type="checkbox"/> Check here if entry is None <span style="float: right;"><input type="checkbox"/> Check here if additional sheets are attached</span>				

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form 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.

TAKAI.KYLE.MAR  
 K-1234009520  
 SIGNATURE

*K. Kyle Mar*

May 3, 2013

DATE