

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2011 SEP 26 PM 12:44  
FEC MAIL CENTER

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

BIOBI MARX for Hawaii

ADDRESS (number and street)

688 Kinole St. #108



(Check if address  
is changed)

Hilo

HI

96720

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A



(Check if address  
is changed)

2. DATE

09

20

2011

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dale McSherry

Asst. Treasurer:

Beverly Jean  
Withington

Signature of Treasurer

*[Signature]*

Date

09

20

2011

Signature of Asst. Treasurer

Date: 09/20/2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

11030664003

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Robert (Bob) Marx

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

HI

District

02

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

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Write or Type Committee Name

Bob Marx for Hawaii

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N/A

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Dale McSherry

Mailing Address

688 Kinooole St., Ste. 108

Hilo

HI

96720

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

808

896

6562

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Dale McSherry

Mailing Address

688 Kinpoole St., Ste. 108

Hilo

HI

96720

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

808

896

6562

11030664005

Full Name of  
Designated  
Agent

Beverly Jean Withington

Mailing Address

P.O. Box 4818

Hilo

CITY

HI

STATE

96720

ZIP CODE

4818

Title or Position

Asst. Treasurer/Manager

Telephone number

808 - 966 - 4273

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First Hawaiian Bank

Mailing Address

120 Waiianuenue Ave.

Hilo

CITY

HI

STATE

96720

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030664006

Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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PREPARER  
(3/2005)

9/26/11  
DATE PREPARED

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