

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Bob Marx for Hawaii

ADDRESS (number and street)

#108, 688 Kinoole Street

Check if different  
than previously  
reported. (ACC)

Hilo

HI

96720

2. FEC IDENTIFICATION NUMBER ▼

C

C00502716

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

HI

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2012

through

M M / D D / Y Y Y Y  
06 / 30 / 2012

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

Type or Print Name of Treasurer Dr. Dale McSherry

Signature of Treasurer

Dr. Dale McSherry

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
06 / 30 / 2012

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 36

Write or Type Committee Name

**Bob Marx for Hawaii**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	49135.31	384366.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	49135.31	384366.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	65659.82	385155.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	100.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	65659.82	385055.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-802.49	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**Bob Marx for Hawaii**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

7825.00

177710.38

(ii) Unitemized.....

2810.31

6150.31

(iii) TOTAL of contributions from individuals ▶

10635.31

183860.69

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

38500.00

200505.31

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

49135.31

384366.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.) .....

0.00

100.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.) .....

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

49135.31

384466.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	65659.82	385155.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	113.36
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	65659.82	385268.49

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15722.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	49135.31
25. SUBTOTAL (add Line 23 and Line 24).....	64857.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65659.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-802.49

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Bob Marx for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Robert Bethea</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2012	
Mailing Address 688 Kinoole Street		<b>Transaction ID : SA11AI.4879</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 100.00 donation for bob marx for hawaii
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mark Davis</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2012	
Mailing Address 851 Fort Street suite 500		<b>Transaction ID : SA11AI.5086</b>	
City Honolulu	State HI	Zip Code 96813	Amount of Each Receipt this Period 1500.00 donation for bob marx for hawaii
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Louis Hao</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2012	
Mailing Address P.O. Box 5418		<b>Transaction ID : SA11AI.4978</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 600.00 donation for bob marx for hawaii
FEC ID number of contributing federal political committee. C			
Name of Employer unknown	Occupation unknown		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2200.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Bob Marx for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Louis Hao</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address P.O. Box 5418		<b>Transaction ID : SA11AI.5127</b>	
City Hilo	State HI	Zip Code 96720	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer unknown	Occupation unknown		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Raymond Hasegawa</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2012	
Mailing Address P.O. Box 1464		<b>Transaction ID : SA11AI.5096</b>	
City Hilo	State HI	Zip Code 96720	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer unknown	Occupation unknown		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>James Krueger</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2012	
Mailing Address 2065 Main Street Suite 102-244-7444		<b>Transaction ID : SA11AI.4957</b>	
City Wailuku	State HI	Zip Code 96793	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer self employed	Occupation attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3250.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Bob Marx for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Joseph Marx</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2012		
Mailing Address 73-1132 Ala Kupua Street			<b>Transaction ID : SA11AI.5113</b>		
City Kailua-Kona	State HI	Zip Code 96740	Amount of Each Receipt this Period 200.00 donation to bob marx for hawaii		
FEC ID number of contributing federal political committee. C					
Name of Employer Retired		Occupation Retired			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 700.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Robert Marx</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2012		
Mailing Address #105. 688 Kinoole Street			<b>Transaction ID : SA11AI.4980</b>		
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 300.00 cash donation from candidate		
FEC ID number of contributing federal political committee. C H2HI02516					
Name of Employer Law Offices of Robert Marx		Occupation Attorney at law			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 343312.36			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Phillip Matlage</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2012		
Mailing Address Suite 108, 688 Kinoole Street			<b>Transaction ID : SA11AI.5114</b>		
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 500.00 donation to bob marx for hawaii		
FEC ID number of contributing federal political committee. C					
Name of Employer campaign volunteer		Occupation retired			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1000.00		
<b>TOTAL</b> This Period (last page this line number only).....					

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Bob Marx for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Dale McSherry**

Mailing Address P.O. Box 4248

City Hilo State HI Zip Code 96720

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Doctor

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1865.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 13 / 2012

Transaction ID : SA11AI.5046

Amount of Each Receipt this Period

15.00

donation for bob marx for hawaii

**B.** Full Name (Last, First, Middle Initial)  
**Wallace Oki**

Mailing Address 1635 Kilikina Street

City Hilo State HI Zip Code 96720

FEC ID number of contributing federal political committee. **C**

Name of Employer unknown Occupation unknown

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 07 / 2012

Transaction ID : SA11AI.5030

Amount of Each Receipt this Period

250.00

donation for bob marx for hawaii

**C.** Full Name (Last, First, Middle Initial)  
**Dean Reinking**

Mailing Address Hcr 2, Box 9527

City Keaau State HI Zip Code 96749

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 14 / 2012

Transaction ID : SA11AI.5121

Amount of Each Receipt this Period

10.00

donation to bob marx for hawaii

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

275.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**Joy San Buenaventura**

Mailing Address 1887 Peepee St

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self employed

Occupation  
attorney

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2012

Transaction ID : SA11AI.4954

Amount of Each Receipt this Period

500.00

donation for bob marx for hawaii

Full Name (Last, First, Middle Initial)

**Roberta (Bobbie) Wilson**

Mailing Address 107 Lihikai

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2012

Transaction ID : SA11AI.5090

Amount of Each Receipt this Period

600.00

cash donation for bob marx for hawaii

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00

7825.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 36

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**Robert Marx**

Mailing Address #105. 688 Kinoole Street

City State Zip Code  
Hilo HI 96720

FEC ID number of contributing  
federal political committee.

**C** H2HI02516

Name of Employer  
Law Offices of Robert Marx

Occupation  
Attorney at law

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

309012.36

Date of Receipt

M M / D D / Y Y Y Y  
04 13 2012

Transaction ID : SA11D.4857

Amount of Each Receipt this Period

2500.00

cash contribution from candidate

Full Name (Last, First, Middle Initial)

**Robert Marx**

Mailing Address #105. 688 Kinoole Street

City State Zip Code  
Hilo HI 96720

FEC ID number of contributing  
federal political committee.

**C** H2HI02516

Name of Employer  
Law Offices of Robert Marx

Occupation  
Attorney at law

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

324012.36

Date of Receipt

M M / D D / Y Y Y Y  
04 20 2012

Transaction ID : SA11D.4899

Amount of Each Receipt this Period

15000.00

cash donation from candidate

Full Name (Last, First, Middle Initial)

**Robert Marx**

Mailing Address #105. 688 Kinoole Street

City State Zip Code  
Hilo HI 96720

FEC ID number of contributing  
federal political committee.

**C** H2HI02516

Name of Employer  
Law Offices of Robert Marx

Occupation  
Attorney at law

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

339012.36

Date of Receipt

M M / D D / Y Y Y Y  
04 23 2012

Transaction ID : SA11D.4895

Amount of Each Receipt this Period

15000.00

cash donation from candidate

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

32500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Bob Marx for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Robert Marx</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.4920</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 4000.00 cash donation from candidate
FEC ID number of contributing federal political committee. C H2HI02516			
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 343012.36		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Robert Marx</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.5074</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 2000.00 cash donation from candidate
FEC ID number of contributing federal political committee. C H2HI02516			
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 345312.36		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		6000.00	
<b>TOTAL</b> This Period (last page this line number only).....		38500.00	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. First Hawaiian Bank**

Mailing Address 120 Wai'anunue Avenue

Date of Disbursement

M M	D D	Y Y Y Y
06	22	2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
transfer funds to bank for credit card payment - campaign expenses

001

Transaction ID : SB17.5026

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. Jose Casey**

Mailing Address 346 W. Second

Date of Disbursement

M M	D D	Y Y Y Y
04	06	2012

City	State	Zip Code
Columbus	OH	43201

Amount of Each Disbursement this Period

90.31
-------

Purpose of Disbursement  
In-kind - Kauai Pizza meal - meeting with Bob Marx, Jose Casey and  
campaign volunteers

007

Transaction ID : SB17.5130

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**C. Jose Casey**

Mailing Address 346 W. Second

Date of Disbursement

M M	D D	Y Y Y Y
04	20	2012

City	State	Zip Code
Columbus	OH	43201

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Consulting campaign management

001

Transaction ID : SB17.4878

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2890.31

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Jose Casey**

Mailing Address 346 W. Second

City	State	Zip Code
Columbus	OH	43201

Purpose of Disbursement  
reimbursement for kauai trip

001

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2012

Amount of Each Disbursement this Period

308.56
--------

Transaction ID : SB17.4894

**B. Jose Casey**

Mailing Address 346 W. Second

City	State	Zip Code
Columbus	OH	43201

Purpose of Disbursement  
campaign management consulting

001

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2012

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4921

**c. Jose Casey**

Mailing Address 346 W. Second

City	State	Zip Code
Columbus	OH	43201

Purpose of Disbursement  
reimbursement

001

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2012

Amount of Each Disbursement this Period

180.00
--------

Transaction ID : SB17.4922

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2988.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Dennis Chung**

Mailing Address 91-1227 Kuanoo Street

City	State	Zip Code
Ewa Beach	HI	86706

Purpose of Disbursement  
reimbursement for supplies and kauai campaign trip

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2012

Amount of Each Disbursement this Period

536.26
--------

Transaction ID : SB17.4872

**B. Rhode (Toni) Chung**

Mailing Address 91-1227 Kuanoo Street

City	State	Zip Code
Ewa Beach	HI	96706

Purpose of Disbursement  
campaign canvassing

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2012

Amount of Each Disbursement this Period

833.49
--------

Transaction ID : SB17.5003

**c. Rhode (Toni) Chung**

Mailing Address 91-1227 Kuanoo Street

City	State	Zip Code
Ewa Beach	HI	96706

Purpose of Disbursement  
campaign canvasser

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2012

Amount of Each Disbursement this Period

833.49
--------

Transaction ID : SB17.4969

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2203.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Mark de Hoyas**

Mailing Address suite 108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

175.00
--------

Purpose of Disbursement  
phone banking

003

**Transaction ID : SB17.4925**

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. Mark de Hoyas**

Mailing Address suite 108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

225.00
--------

Purpose of Disbursement  
phone banking

001

**Transaction ID : SB17.4950**

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**C. Mark de Hoyas**

Mailing Address suite 108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
phone banking

001

**Transaction ID : SB17.5019**

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

700.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Democratic Party of Hawaii**

Mailing Address 770 Kapiolani Blvd, Suite 115

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2012

City	State	Zip Code
Oahu	HI	96813

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
booth at State Democratic Convention

007

Transaction ID : SB17.4997

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. Ed Gazman**Mailing Address 2020 Main Street  
Suite 807

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2012

City	State	Zip Code
Wailuku	HI	96793

Amount of Each Disbursement this Period

364.58
--------

Purpose of Disbursement  
Barrio Fiesta Ad

004

Transaction ID : SB17.4901

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**C. Hawaiian Electric Light Company**

Mailing Address P.O. Box 1027

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

193.24
--------

Purpose of Disbursement  
electricity for HQ

001

Transaction ID : SB17.4847

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2057.82



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Hawaiian Electric Light Company**

Mailing Address P.O. Box 1027

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
electricity for HQ

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2012

Amount of Each Disbursement this Period

9.05
------

Transaction ID : SB17.4919

**B. Hawaiian Electric Light Company**

Mailing Address P.O. Box 1027

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
electric bill for campaign HQ

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2012

Amount of Each Disbursement this Period

245.63
--------

Transaction ID : SB17.5079

**C. Hawaiian Telcom**

Mailing Address P.O. Box 30770

City	State	Zip Code
Honolulu	HI	96820

Purpose of Disbursement  
telephone expenses HQ

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2012

Amount of Each Disbursement this Period

201.56
--------

Transaction ID : SB17.4852

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

456.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Hawaiian Telcom**

Mailing Address P.O. Box 30770

City	State	Zip Code
Honolulu	HI	96820

Purpose of Disbursement  
telephone expense campaign HQ

001

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2012

Amount of Each Disbursement this Period

131.40
--------

Transaction ID : SB17.4900

**B. Hawaiian Telcom**

Mailing Address P.O. Box 30770

City	State	Zip Code
Honolulu	HI	96820

Purpose of Disbursement  
telephone expenses at HQ

001

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2012

Amount of Each Disbursement this Period

131.40
--------

Transaction ID : SB17.4998

**C. Hawaiian Telcom**

Mailing Address P.O. Box 30770

City	State	Zip Code
Honolulu	HI	96820

Purpose of Disbursement  
telephone expense for campaign

001

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2012

Amount of Each Disbursement this Period

422.97
--------

Transaction ID : SB17.5007

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

685.77

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Hawaii Electric Light Co., Inc.**

Mailing Address P.O. Box 1027

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Campaign HQ electric bill

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2012

Amount of Each Disbursement this Period

245.63
--------

Transaction ID : SB17.5015

**B. Honolulu Weekly**

Mailing Address 1111 Fort Street Mall #2

City	State	Zip Code
Honolulu	HI	96813

Purpose of Disbursement  
local newspaper ad

004

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2012

Amount of Each Disbursement this Period

617.80
--------

Transaction ID : SB17.4904

**C. Hubs Hawaii, Inc.**

Mailing Address 85 Pookela

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
250 stakes/markers

004

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2012

Amount of Each Disbursement this Period

303.64
--------

Transaction ID : SB17.5013

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1167.07

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. John Ervine**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

505.94
--------

Purpose of Disbursement  
Reimbursement for State Democratic Convention

001

Transaction ID : SB17.5020

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. TV Station KITV**

Mailing Address 801 South King Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2012

City	State	Zip Code
Honolulu	HI	96813

Amount of Each Disbursement this Period

5918.85
---------

Purpose of Disbursement  
campaign TV ad

004

Transaction ID : SB17.5000

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**C. Kukuau 688 LCC**

Mailing Address 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

805.19
--------

Purpose of Disbursement  
HQ campaign rent

001

Transaction ID : SB17.4846

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7229.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Kukuau 688 LCC**

Mailing Address 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

805.19
--------

Purpose of Disbursement  
rent for HQ

001

**Transaction ID : SB17.5004**

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. Kukuau 688 LCC**

Mailing Address 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

805.19
--------

Purpose of Disbursement  
HQ rent

001

**Transaction ID : SB17.4952**

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**C. Kukuau 688 LCC**

Mailing Address 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

805.19
--------

Purpose of Disbursement  
HQ campaign office rent

001

**Transaction ID : SB17.5016**

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2912  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....

2415.57

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Ka'eo Malaka**

Mailing Address Suite 108, 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
telephone solicitor

003

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2012

Amount of Each Disbursement this Period

212.50
--------

Transaction ID : SB17.4874

**B. Ka'eo Malaka**

Mailing Address Suite 108, 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
phone banking

003

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2012

Amount of Each Disbursement this Period

137.50
--------

Transaction ID : SB17.4927

**C. Ka'eo Malaka**

Mailing Address Suite 108, 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
phone banking

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2012

Amount of Each Disbursement this Period

225.00
--------

Transaction ID : SB17.4951

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

575.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Ka'eo Malaka**

Mailing Address Suite 108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

225.00
--------

Purpose of Disbursement  
phone banking

001

**Transaction ID : SB17.5022**

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. Robert Marx**

Mailing Address #105. 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

2176.81
---------

Purpose of Disbursement  
reimbursement for Darla Reuelman - on loan from Robert Marx law practice

001

**Transaction ID : SB17.4933**

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**C. Robert Marx**

Mailing Address #105. 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

3704.70
---------

Purpose of Disbursement  
reimbursement for Robert Marx law staff employees working for Bob Marx for  
Hawaii campaign

001

**Transaction ID : SB17.4967**

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6106.51





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Dr. Dale McSherry**

Mailing Address Suite 108, 688 Kinoole Street

Date of Disbursement

M M	D D	Y Y Y Y
04	24	2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
campaign consulting

001

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : SB17.4905

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. Mullen, Debra**

Mailing Address #108, 688 Kinoole

Date of Disbursement

M M	D D	Y Y Y Y
04	10	2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entry

001

Amount of Each Disbursement this Period

275.00
--------

Transaction ID : SB17.4842

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**c. Mullen, Debra**

Mailing Address #108, 688 Kinoole

Date of Disbursement

M M	D D	Y Y Y Y
04	16	2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entry

001

Amount of Each Disbursement this Period

360.00
--------

Transaction ID : SB17.4854

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

985.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Mullen, Debra**

Mailing Address #108, 688 Kinoole

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entry

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : SB17.4903

Full Name (Last, First, Middle Initial)

**B. Mullen, Debra**

Mailing Address #108, 688 Kinoole

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entryCategory/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Amount of Each Disbursement this Period

260.00
--------

Transaction ID : SB17.4932

Full Name (Last, First, Middle Initial)

**c. Mullen, Debra**

Mailing Address #108, 688 Kinoole

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entry

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Amount of Each Disbursement this Period

285.00
--------

Transaction ID : SB17.5002

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

895.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Mullen, Debra**

Mailing Address #108, 688 Kinoole

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entry

001

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2012

Amount of Each Disbursement this Period

345.00
--------

Transaction ID : SB17.4965

Full Name (Last, First, Middle Initial)

**B. Mullen, Debra**

Mailing Address #108, 688 Kinoole

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entry

001

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2012

Amount of Each Disbursement this Period

325.00
--------

Transaction ID : SB17.4996

Full Name (Last, First, Middle Initial)

**c. Mullen, Debra**

Mailing Address #108, 688 Kinoole

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entry

001

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2012

Amount of Each Disbursement this Period

325.00
--------

Transaction ID : SB17.4956

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

995.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Mullen, Debra**

Mailing Address #108, 688 Kinoole

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entry

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Amount of Each Disbursement this Period

340.00
--------

Transaction ID : SB17.4981

Full Name (Last, First, Middle Initial)

**B. Mullen, Debra**

Mailing Address #108, 688 Kinoole

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entry

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Amount of Each Disbursement this Period

190.00
--------

Transaction ID : SB17.4994

Full Name (Last, First, Middle Initial)

**c. Hanaside News**

Mailing Address P.O. Box 795

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2012

City	State	Zip Code
Hana	HI	96713

Purpose of Disbursement  
newspaper ad

004

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Amount of Each Disbursement this Period

296.80
--------

Transaction ID : SB17.4850

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

826.80

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. North Shore News**

Mailing Address 66-437 Kamehameha Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2012

City	State	Zip Code
Haleiwa	HI	96712

Amount of Each Disbursement this Period

623.03
--------

Purpose of Disbursement  
newspaper ad

004

Transaction ID : SB17.4930

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. Oceanic Time Warner Cable**Mailing Address Mililani Tech Park  
200 Akamainui Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2012

City	State	Zip Code
Mililani	HI	96789

Amount of Each Disbursement this Period

8224.48
---------

Purpose of Disbursement  
television campaign ad

004

Transaction ID : SB17.4841

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**c. Oceanic Time Warner Cable**Mailing Address Mililani Tech Park  
200 Akamainui Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2012

City	State	Zip Code
Mililani	HI	96789

Amount of Each Disbursement this Period

14810.46
----------

Purpose of Disbursement  
TV advertisement

004

Transaction ID : SB17.4964

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

23657.97

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Oceanic Time Warner Cable**Mailing Address Mililani Tech Park  
200 Akamainui Street

City Mililani State HI Zip Code 96789

Purpose of Disbursement  
balance due for NBA playoffs media pkg

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	D D	Y Y Y Y
05	08	2012

Amount of Each Disbursement this Period

23.40
-------

Transaction ID : SB17.4962

**B. Matthieu Ostrander**

Mailing Address HCR Box 6628

City Keaau State HI Zip Code 96749-9369

Purpose of Disbursement  
data entry

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	D D	Y Y Y Y
06	18	2012

Amount of Each Disbursement this Period

410.00
--------

Transaction ID : SB17.5017

**c. Pacific Radio Group, Inc.**

Mailing Address 913 Kanoelehua Avenue

City Hilo State HI Zip Code 96720

Purpose of Disbursement  
radio ads

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	D D	Y Y Y Y
04	20	2012

Amount of Each Disbursement this Period

1036.39
---------

Transaction ID : SB17.4893

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1469.79

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Pacific Radio Group, Inc.**

Mailing Address 913 Kanoelehua Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

1036.39
---------

Purpose of Disbursement  
media advertisement

004

**Transaction ID : SB17.5005**

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. Darla Requelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

242.22
--------

Purpose of Disbursement  
reimbursement for food; town hall meeting

001

**Transaction ID : SB17.4844**

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**C. Darla Requelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

93.74
-------

Purpose of Disbursement  
reimbursement for campaign cell phone expense

001

**Transaction ID : SB17.4853**

Candidate Name

**Bob Marx for Hawaii**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1372.35

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Darla Reuelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

47.91
-------

**Transaction ID : SB17.4884**Purpose of Disbursement  
reimbursement for printer ink

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. Darla Reuelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

148.87
--------

**Transaction ID : SB17.4929**Purpose of Disbursement  
reimbursement

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**C. Darla Reuelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

53.61
-------

**Transaction ID : SB17.4928**Purpose of Disbursement  
reimbursement for supplies

003

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.39



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Darla Reuelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
reimbursement for supplies

001

Amount of Each Disbursement this Period

55.18
-------

Transaction ID : SB17.4934

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**B. Darla Reuelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
reimbursement for postage

001

Amount of Each Disbursement this Period

225.00
--------

Transaction ID : SB17.4935

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Full Name (Last, First, Middle Initial)

**C. Darla Reuelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Partial reimbursement - supplies/fundraiser

003

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.5011

Candidate Name

**Bob Marx for Hawaii**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

780.18

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Darla Reuelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
partial remb. for campaign supplies

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Amount of Each Disbursement this Period

506.00
--------

Transaction ID : SB17.5070

Full Name (Last, First, Middle Initial)

**B. Darla Reuelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
remb. for campaign event supplies

003

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.5071

Full Name (Last, First, Middle Initial)

**C. Darla Reuelman**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
payroll balance for 6/16/12 paid

001

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.5072

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1756.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Jonathan B. Thomas**

Mailing Address #108, 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
media advertising

004

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2012

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4923

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address Hilo Airport Post Office

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
mailers (bulk mail)

004

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2012

Amount of Each Disbursement this Period

678.93
--------

Transaction ID : SB17.4993

Full Name (Last, First, Middle Initial)

**c. United States Postal Service**

Mailing Address Hilo Airport Post Office

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
mailers (bulk mail)

004

Category/  
Type

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

Amount of Each Disbursement this Period

494.23
--------

Transaction ID : SB17.5024

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1573.16

