

**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  
08 11 2012in the  
State of

HI

(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  
07 01 2012

through

M M / D D / Y Y Y Y  
07 22 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  
07 22 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)

Write or Type Committee Name

Bob Marx for Hawaii

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		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))....	5107.00	389473.00
(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)) .....	5107.00	389473.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2155.00	387310.13
(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)) .....	2155.00	387210.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2149.51	
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)

Write or Type Committee Name

**Bob Marx for Hawaii**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		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).....

2000.00

179710.38

(ii) Unitemized.....

145.00

6295.31

(iii) TOTAL of contributions from individuals ▶

2145.00

186005.69

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

2962.00

203467.31

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

5107.00

389473.00

**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)..... ▶

5107.00

389573.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 8

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2155.00	387310.13
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) ►	2155.00	387423.49

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-802.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5107.00
25. SUBTOTAL (add Line 23 and Line 24).....	4304.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2155.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2149.51

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

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

FOR LINE NUMBER:

PAGE 5 OF 8

(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	

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>Donald Anderson</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2012	
Mailing Address 63 Uluwai Street		<b>Transaction ID : SA11AI.5134</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 1000.00 donation to 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 1300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Dwayne Lerma</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 04 / 2012	
Mailing Address P.O. Box 1899		<b>Transaction ID : SA11AI.5145</b>	
City Keaau	State HI	Zip Code 96749	Amount of Each Receipt this Period 1000.00 donation to bob marx for hawaii
FEC ID number of contributing federal political committee. C			
Name of Employer Self - employed	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 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / 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).....		2000.00	
<b>TOTAL</b> This Period (last page this line number only).....		2000.00	

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

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

FOR LINE NUMBER:

PAGE 6 OF 8

(check only one)

<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 07 / 03 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.5144</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		Election Cycle-to-Date 347312.36	
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)		Amount of Each Receipt this Period 962.00 cash donation from candidate	
<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 07 / 10 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.5141</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 962.00 cash donation from candidate
FEC ID number of contributing federal political committee. C H2HI02516		Election Cycle-to-Date 348274.36	
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)		Amount of Each Receipt this Period 962.00 cash donation from candidate	
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		<b>Transaction ID : SA11D.5141</b>	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date	
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).....		2962.00	
<b>TOTAL</b> This Period (last page this line number only).....		2962.00	

**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 7 OF 8

<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

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
07		16		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.5148

**B. 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
07		16		2012

Amount of Each Disbursement this Period

175.00
--------

Transaction ID : SB17.5147

**C. Matthieu Ostrander**

Mailing Address HCR Box 6628

City	State	Zip Code
Keaau	HI	96749-9369

Purpose of Disbursement  
data entry/media

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
07		16		2012

Amount of Each Disbursement this Period

480.00
--------

Transaction ID : SB17.5149

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

905.00

**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 8 OF 8

<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

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
partial payroll ending 7/15/12

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
07		16		2012

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.5132

**B.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1250.00

2155.00