

**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 REPORT



NEW (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

07

D D / Y Y Y Y

23

Y Y Y Y

2012

through

M M / D D / Y Y Y Y

09

D D / Y Y Y Y

30

Y Y Y Y

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

10

D D / Y Y Y Y

15

Y Y Y Y

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
 07 / 23 / 2012

To:

 M M / D D / Y Y Y Y
 09 / 30 / 2012

	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))....	26382.47	415855.47
(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))	26382.47	415855.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27050.32	414360.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	54.98	154.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	26995.34	414205.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1536.64	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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)

PAGE 3 / 13

Write or Type Committee Name

Bob Marx for Hawaii

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		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).....

250.00

179960.38

(ii) Unitemized.....

25.00

6320.31

(iii) TOTAL of contributions from individuals ▶

275.00

186280.69

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

26107.47

229574.78

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

26382.47

415855.47

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.)

54.98

154.98

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)..... ▶

26437.45

416010.45

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27050.32	414360.45
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	27050.32	414473.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2149.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26437.45
25. SUBTOTAL (add Line 23 and Line 24).....	28586.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27050.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1536.64

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 5 OF 13

☒ 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

A. Full Name (Last, First, Middle Initial) Ralph Lafountain		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2012	
Mailing Address 5404 Hoana Pl		Transaction ID : SA11AI.5179	
City Honolulu	State HI	Zip Code 96821	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		donation for bob marx for hawaii	
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 500.00		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		M M / D D / Y Y Y Y	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		M M / D D / Y Y Y Y	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		250.00	
TOTAL This Period (last page this line number only).....		250.00	

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 6 OF 13

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

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NAME OF COMMITTEE (In Full)
Bob Marx for Hawaii

A. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5176	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C H2HI02516		Donation from candidate	
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 358274.36		
B. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5192	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 16107.47
FEC ID number of contributing federal political committee. C H2HI02516		Donation from candidate	
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 374381.83		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Transaction ID : SA11D.5192	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		Donation from candidate	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		26107.47	
TOTAL This Period (last page this line number only).....		26107.47	

**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 13

<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. Local Productions ,Inc.

Mailing Address P.O. Box 940

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2012

City Pahala	State HI	Zip Code 96777
----------------	-------------	-------------------

Amount of Each Disbursement this Period

1505.20

Purpose of Disbursement
Kau Calendar for campaign

004

Transaction ID : SB17.5165

Candidate Name

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

State: HI District: 02

Full Name (Last, First, Middle Initial)

B. NGP VAN ,Inc.Mailing Address 1101 15th Street Northeast
#600

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2012

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Amount of Each Disbursement this Period

2333.17

Purpose of Disbursement
campaign voter data service

005

Transaction ID : SB17.5162

Candidate Name

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

State: HI District: 02

Full Name (Last, First, Middle Initial)

C. First Hawaiian Bank

Mailing Address 120 Wai'anunue Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2012

City Hilo	State HI	Zip Code 96720
--------------	-------------	-------------------

Amount of Each Disbursement this Period

69.90

Purpose of Disbursement
funds transfer(debit)

001

Transaction ID : SB17.5153

Candidate Name

Bob Marx for HawaiiCategory/
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).....

3908.27

**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

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
bank service charge

001

Candidate Name

Bob Marx for HawaiiCategory/
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
08		31		2012

Amount of Each Disbursement this Period

9.50

Transaction ID : SB17.5154

B. Dennis Barger

Mailing Address 283 Palanehe Street

City	State	Zip Code
Kihei	HI	96753

Purpose of Disbursement
Maui campaign consultant

001

Candidate Name

Bob Marx for HawaiiCategory/
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
09		28		2012

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5185

c. 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 HawaiiCategory/
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
09		30		2012

Amount of Each Disbursement this Period

11899.37

Transaction ID : SB17.5191

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

12908.87

**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 9 OF 13

<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. Christina CauleyMailing Address 688 Kinoole
Suite 108City State Zip Code
Hilo HI 96720Purpose of Disbursement
stipend

Candidate Name

Bob Marx for HawaiiOffice 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
09		17		2012

Amount of Each Disbursement this Period

284.00

Transaction ID : SB17.5155

B. Rhode (Toni) Chung

Mailing Address 91-1227 Kuanoo Street

City State Zip Code
Ewa Beach HI 96706Purpose of Disbursement
reimbursement costs

Candidate Name

Bob Marx for HawaiiOffice 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
09		17		2012

Amount of Each Disbursement this Period

2216.50

Transaction ID : SB17.5173

c. Rhode (Toni) Chung

Mailing Address 91-1227 Kuanoo Street

City State Zip Code
Ewa Beach HI 96706Purpose of Disbursement
campaign consulting for Oahu

Candidate Name

Bob Marx for HawaiiOffice 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
09		28		2012

Amount of Each Disbursement this Period

833.49

Transaction ID : SB17.5189

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

3333.99

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

PAGE 10 OF 13

<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

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
09		17		2012

Amount of Each Disbursement this Period

1121.28

Transaction ID : SB17.5157

B. Hawaii Electric Light Co., Inc.

Mailing Address P.O. Box 1027

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
electric expense

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
09		28		2012

Amount of Each Disbursement this Period

50.85

Transaction ID : SB17.5184

C. Hawaii Tribune Herald

Mailing Address 355 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
news paper expense

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
09		30		2012

Amount of Each Disbursement this Period

833.52

Transaction ID : SB17.5228

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

2005.65

**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 11 OF 13

<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

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
balance of rent due

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
09		17		2012

Amount of Each Disbursement this Period

805.19

Transaction ID : SB17.5175

B. Inc. M.J. Ross GroupMailing Address 1725 S.W. Multnomah Blvd.
Apt. 13

City	State	Zip Code
Portland	OR	97219

Purpose of Disbursement
Ro-bo calls for campaign

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
09		17		2012

Amount of Each Disbursement this Period

458.28

Transaction ID : SB17.5158

c. Joseph Marx

Mailing Address 73-1132 Ala Kupua Street

City	State	Zip Code
Kailua-Kona	HI	96740

Purpose of Disbursement
reimbursement for financial services (brother)

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
09		19		2012

Amount of Each Disbursement this Period

911.26

Transaction ID : SB17.5182

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

2174.73

**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 12 OF 13

<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. Hilo Mechanical

Mailing Address 50 Holomua Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
air conditioning repair

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
09		17		2012

Amount of Each Disbursement this Period

577.91

Transaction ID : SB17.5171

Full Name (Last, First, Middle Initial)

B. Darla Reuelman

Mailing Address 108#, 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
balance of stipend due

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
09		17		2012

Amount of Each Disbursement this Period

66.00

Transaction ID : SB17.5174

Full Name (Last, First, Middle Initial)

C. Darla Reuelman

Mailing Address #108, 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
reimbursement for costs owed

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
09		28		2012

Amount of Each Disbursement this Period

1237.72

Transaction ID : SB17.5190

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

1881.63

**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 13

<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. Greg ReuelmanMailing Address 688 Kinoole Street
#108

City Hilo State HI Zip Code 96720

Purpose of Disbursement
campaign consulting

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
09	28	2012

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.5187

B.

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

--

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).....

800.00
27013.14