

FEC
FORM 3

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2011 OCT 17 PM 12:09

Office Use Only
FEC MAIL CENTER

12FE4M5

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

BOB MARX FOR HAWAII

ADDRESS (number and street)

SUITE 108

1688 KIMOOLE ST

HILLO

HI

96720

☐ Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

000502716

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

08 / 01 / 2011

through

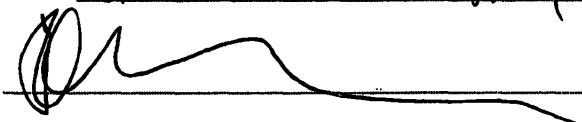
09 / 30 / 2011

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



Date

09 / 30 / 2011

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)

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

BUB MARY for HAWAII

Report Covering the Period:

From:

08 ' 01 ' 2011

To:

09 ' 30 ' 2011

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).....

470,000

(ii) Unitemized.....

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees.....

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

657,038

(d) The Candidate.....

111,986

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

224,669

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

13. LOANS:

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

(b) All Other Loans.....

(c) TOTAL LOANS

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

14. OFFSETS TO OPERATING
EXPENDITURES

(Refunds, Rebates, etc.)

15. OTHER RECEIPTS

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

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

224,669

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

8,607.74

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:

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

(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees.....

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

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ►

8,607.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

10,000.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

22,466.99

25. SUBTOTAL (add Line 23 and Line 24).....

32,466.99

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

8,607.74

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

23,859.25

11030673813

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

09' 28' 2011

A. Big Island Packaging, Inc.

Mailing Address 188 W. Waiolu St.

City Hilo State HI Zip Code 96720

Purpose of Disbursement Campaign supplies

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

133.33

Full Name (Last, First, Middle Initial)

Date of Disbursement

09' 20' 2011

B. Wethington, Jennie

Mailing Address Suite 108, 688' Kinohi St

City Hilo State HI Zip Code 96720

Purpose of Disbursement Campaign Management

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

09' 20' 2011

C. Pure Aloha Style

Mailing Address P.O. Box 7103

City Hilo State HI Zip Code 96720-8939

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

3020.00

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

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

4,653.33

11030673814

SCHEDULE 3 (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 7 ☐ 12 ☐ 13a ☐ 13b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

Full Name (Last, First, Middle Initial)

A. Tolmie, John

Date of Disbursement

Mailing Address Suite 219, 688 Kipouke St.

09 / 15 / 2011

City Hilo State HI Zip Code 96720

Amount of Each Disbursement this Period

1,610.38

Purpose of Disbursement RENT - 2 months

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. MARX, ROBERT

Date of Disbursement

Mailing Address Suite 108, 688 Kipouke St.

09 / 15 / 2011

City Hilo State HI Zip Code 96720

Amount of Each Disbursement this Period

1,450.00

Purpose of Disbursement Equipment, office

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)

2,060.38

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 Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

Full Name (Last, First, Middle Initial)

A. HAWAIIAN TELCOM

Mailing Address

P.O. Box 30770

City

Honolulu

State

HI

Zip Code

96820-0770

Purpose of Disbursement

telephone set-up

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

09/21/2011

Amount of Each Disbursement this Period

18000

Full Name (Last, First, Middle Initial)

B. WINDWARD DESIGNS AD AGENCY

Mailing Address

P.O. Box 12158

City

Lahaina

State

HI

Zip Code

96761

Purpose of Disbursement

CAMPAIGN ADVERTISEMENT

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

09/06/2011

Amount of Each Disbursement this Period

677.08

Full Name (Last, First, Middle Initial)

C. STATE OF HAWAII

Mailing Address

Suite 105, 680 Kipook St.

City

Hilo

State

HI

Zip Code

96720

Purpose of Disbursement

PLAN REVIEW

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

08/11/2011

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

1,007.08

TOTAL This Period (last page this line number only)

candidate's personal funds
not campaign fund

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF

(check only one)

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

Full Name (Last, First, Middle Initial)

MARX ROBERT

A.

Mailing Address

Suite 108, 688 Kimoole St

City

Hilo, HI

State

Zip Code

96720

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

09/14/2011

Amount of Each Receipt this Period

805.19

(Security Deposit)
for HQ.

Full Name (Last, First, Middle Initial)

MARX ROBERT

B.

Mailing Address

Suite 108, 688 Kimoole St

City

Hilo, HI

State

Zip Code

96720

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

09/20/2011

Amount of Each Receipt this Period

1248

(Fries)
check # 19401

Full Name (Last, First, Middle Initial)

MARX ROBERT

C.

Mailing Address

Suite 108, 688 Kimoole St

City

Hilo

State

Zip Code

HI 96720

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

09/21/2011

Amount of Each Receipt this Period

23.40

CASH
(Fries)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

8407

11030673817

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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)

Bub MARX for Hawaii

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. MARK, Robert

Mailing Address

Suite 108, 688 Kipoula St.

City

Hilo, HI

State

Zip Code

96720

Purpose of Disbursement

Office Supplies - (CASH)

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

45.99

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. MARK, Robert

Mailing Address

Suite 108, 688 Kipoula St.

City

Hilo, HI

State

Zip Code

96720

Purpose of Disbursement

(CASH) desk top - PC / PC software

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

170.99

11030673818

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

MARX, Robert

A.

Mailing Address

Suite 108, 688 Kimoole St.

City

Hilo

State

HI

Zip Code

96770

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

09/20/2011

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MARX, Robert

B.

Mailing Address

Suite 108, 688 Kimoole St.

City

Hilo

State

HI

Zip Code

96720

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

08/11/2011

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

MARX, Robert

C.

Mailing Address

Suite 108, 688 Kimoole St.

City

Hilo

State

HI

Zip Code

96720

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

08/08/2011

Amount of Each Receipt this Period

159.55

SUBTOTAL of Receipts This Page (optional)

10,309.55

TOTAL This Period (last page this line number only)

11030673819

1100 contribution from individual

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 OF

☒ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 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 Mark for Hawk

Full Name (Last, First, Middle Initial)

Lu-Kuan, Gregory

A. Mailing Address

925 UWAO St.

City

Honolulu

State

HI

Zip Code

96825-1062

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

09 / 27 / 2011

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Kiposhita Nelson

B. Mailing Address

22 Lei Street

City

Hilo

State

HI

Zip Code

96720

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

09 / 30 / 2011

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Carey Phillip

C. Mailing Address

688 Kipouke St. Suite 105

City

Hilo

State

HI

Zip Code

96720

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

09 / 30 / 2011

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1700.00

1000.00
500.00
200.00
1700.00

11030673820

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE OF

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 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)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

11030673821

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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)

BUR MARK FM HAWAII

Full Name (Last, First, Middle Initial)

A. MASTER CARD

Mailing Address

City

State

Zip Code

Purpose of Disbursement

PRINTER

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 21 / 2011

Amount of Each Disbursement this Period

729.0

OFFICE MARK

B. VISA

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 24 / 2011

Amount of Each Disbursement this Period

43.06

OFFICE MATERIAL
HPH

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

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

115.96

11030673822

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE OF

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 of Hawaii

Full Name (Last, First, Middle Initial)

MARX, Robert

A.

Mailing Address

Suite 108, 688 Kilauea St

City

Hilo

State

HI

Zip Code

96720

Date of Receipt

09/19/2011

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

45.99

Name of Employer

Occupation

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Date of Receipt

M/M / D/D / YYY YY YY

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

M/M / D/D / YYY YY YY

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

45.99

SCHEDULE D (FEC Form 4)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BOB MARX for HAWK II

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MASTER CARD

Mailing Address

City

State

Zip Code

Nature of Debt (Purpose):

credit card
debt

Outstanding Balance Beginning This Period

72.90

Amount Incurred This Period

72.90

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

(HPM) - ~~VISA~~ VISA

Mailing Address

City

State

Zip Code

Nature of Debt (Purpose):

credit card
debt

Outstanding Balance Beginning This Period

43.06

Amount Incurred This Period

43.06

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City

State

Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

115.96

115.96

? not necessary

11030673824

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE OF

(check only one)

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

Full Name (Last, First, Middle Initial)

Tolmie, John

A.

Mailing Address

Suite 219, 688 Kipouke St.

City

Hilo

State

HI

Zip Code

96720

Date of Receipt

09/15/2011

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

1610.38

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

Marx, Robert

B.

Mailing Address

Suite 108, 688 Kipouke

City

Hilo

State

HI

Zip Code

96720

Date of Receipt

09/15/2011

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

4960.00

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date


SUBTOTAL of Receipts This Page (optional)

6,570.38

TOTAL This Period (last page this line number only)

11030673825

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10/11/11
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	10/17/11 DATE PREPARED

(3/2005)

11030673826