

**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

01 / 01 / 2012

through

M M / D D / Y Y Y Y

03 / 31 / 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

04 / 10 / 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	1		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		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))....	122576.12	335230.69
(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)) .....	122576.12	335230.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	156944.00	319495.31
(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)) .....	156944.00	319395.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15722.02	
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	1		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		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).....

7975.00

169885.38

(ii) Unitemized .....

2025.00

3340.00

(iii) TOTAL of contributions from individuals ▶

10000.00

173225.38

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate .....

112576.12

162005.31

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

122576.12

335230.69

**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)..... ▶

122576.12

335330.69

# **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.....	156944.00	319495.31
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) ►	156944.00	319608.67

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50089.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	122576.12
25. SUBTOTAL (add Line 23 and Line 24).....	172666.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	156944.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15722.02

# **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>Sam Belen</b>			Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2012	
Mailing Address 86-010 Pokai Bay Street			<b>Transaction ID : SA11AI.4806</b>	
City	State	Zip Code		
Waianae	HI	96792		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 400.00	
Name of Employer retired ILWU		Occupation retired ILWU	In-kind - refreshments, entertainment - campaign function	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Phillip Carey</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2012	
Mailing Address 688 Kinoole Street, #105			<b>Transaction ID : SA11AI.4710</b>	
City	State	Zip Code		
Hilo	HI	96720		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1500.00	
Name of Employer Self Employed		Occupation Attorney	donation for bob marx for hawaii	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1900.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Steven Hisaka</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2012	
Mailing Address 737 Bishop Street, Suite 3000			<b>Transaction ID : SA11AI.4728</b>	
City	State	Zip Code		
Honolulu	HI	96813		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer unknown		Occupation unknown	donation for bob marx for hawaii	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			2150.00	
<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**Full Name (Last, First, Middle Initial)  
**Victoria Kalman**

Mailing Address 75-5995 Kuakini Hwy, Suite 225

City	State	Zip Code
Kailua-Kona	HI	96740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Attorney

Receipt For: 2012

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2012

Transaction ID : SA11AI.4579

Amount of Each Receipt this Period

225.00

Donation for Bob Marx for Hawaii

Full Name (Last, First, Middle Initial)  
**Ralph Lafountain**

Mailing Address 5404 Hoana Pl

City	State	Zip Code
Honolulu	HI	96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
retired

Receipt For: 2012

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2012

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period

250.00

donation for bob marx for hawaii

Full Name (Last, First, Middle Initial)  
**Michael Livingston**

Mailing Address 25 Lumahai St

City	State	Zip Code
Honolulu	HI	96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
unknownOccupation  
unknown

Receipt For: 2012

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2012

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period

500.00

donation for bob marx for hawaii

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

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

975.00

**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**

**A.** Full Name (Last, First, Middle Initial)  
**Gregory Lui-Kwan**

Mailing Address 925 Uwao Street

City Honolulu State HI Zip Code 96825

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

Name of Employer Cronin, Fried, Sekiya, Kekina Occupation attorney

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

Election Cycle-to-Date 750.00

Date of Receipt

M M	D D	Y Y Y Y
03	21	2012

Transaction ID : SA11AI.4734

Amount of Each Receipt this Period

750.00

donation for bob marx for hawaii/note: This donor made a donation of \$500 on 9/27/11 + \$250 now

**B.** Full Name (Last, First, Middle Initial)  
**Robert Marx**

Mailing Address #105. 688 Kinoole Street

City Hilo State HI Zip Code 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 284936.24

Date of Receipt

M M	D D	Y Y Y Y
03	16	2012

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period

1250.00

donation for bob marx for hawaii

**C.** 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 1850.00

Date of Receipt

M M	D D	Y Y Y Y
02	28	2012

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period

1600.00

In-kind - advertising TV montage

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

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

3600.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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>Authur Park</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2012	
Mailing Address 707 Richards Street, #500		<b>Transaction ID : SA11AI.4677</b>	
City Honolulu	State HI	Zip Code 96814	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
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 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Patrick Shea</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2012	
Mailing Address 1001 Bishop Street, Suite 2925		<b>Transaction ID : SA11AI.4664</b>	
City Honolulu	State HI	Zip Code 96813	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
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 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Roberta (Bobbie) Wilson</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2012	
Mailing Address 107 Lihikai		<b>Transaction ID : SA11AI.4604</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 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>SUBTOTAL</b> of Receipts This Page (optional).....		1250.00	
<b>TOTAL</b> This Period (last page this line number only).....		7975.00	



# **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 02 / 10 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.4827</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 50000.00 cash donation for bob marx for hawaii
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 242686.24		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Robert Marx</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.4809</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 35000.00 cash donation for bob marx for hawaii
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 277686.24		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Robert Marx</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.4829</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 6000.00 cash donation for bob marx for hawaii
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 283686.24		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		91000.00	
<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:

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(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	

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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 03 / 28 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.4802</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 870.00
FEC ID number of contributing federal political committee. C H2HI02516		In-kind - Campaign Pros	
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 285806.24		
<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 03 / 28 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.4810</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 5097.28
FEC ID number of contributing federal political committee. C H2HI02516		In-kind - Facebook Ad	
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 290903.52		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Robert Marx</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.4811</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 608.84
FEC ID number of contributing federal political committee. C H2HI02516		In-kind - Blue Utopia	
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 291512.36		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		6576.12	
<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 ☐ 11b ☐ 11c ☒ 11d ☐ 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>Robert Marx</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2012	
Mailing Address #105. 688 Kinoole Street		<b>Transaction ID : SA11D.4825</b>	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 15000.00 cash donation for bob marx for hawaii
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 306512.36		
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<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	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
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).....		15000.00	
<b>TOTAL</b> This Period (last page this line number only).....		112576.12	

**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. Sam Belen**

Mailing Address 86-010 Pokai Bay Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2012

City	State	Zip Code
Waianae	HI	96792

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
In-kind - refreshments, entertainment - campaign functionCategory/  
Type**Transaction ID : SB17.4807**

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Jose Casey**

Mailing Address 688 Kinoole, Suite 105

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
campaign consulting

001

Category/  
Type**Transaction ID : SB17.4720**

Candidate Name

**Bob Marx for Hawaii**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: HI

District: 02

Full Name (Last, First, Middle Initial)

**c. Jose Casey**

Mailing Address 688 Kinoole, Suite 105

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
campaign consulting

001

Category/  
Type**Transaction ID : SB17.4767**

Candidate Name

**Bob Marx for Hawaii**

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).....

5400.00

**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 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. Rhode (Toni) Chung**

Mailing Address 91-1227 Kuanoo Street

Date of Disbursement

M M	D D	Y Y Y Y
02	27	2012

City	State	Zip Code
Ewa Beach	HI	96706

Purpose of Disbursement  
campaign consulting

001

Amount of Each Disbursement this Period

833.49
--------

Transaction ID : SB17.4716

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. Rhode (Toni) Chung**

Mailing Address 91-1227 Kuanoo Street

Date of Disbursement

M M	D D	Y Y Y Y
03	15	2012

City	State	Zip Code
Ewa Beach	HI	96706

Purpose of Disbursement  
campaign consulting

001

Amount of Each Disbursement this Period

833.49
--------

Transaction ID : SB17.4719

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. Woman's Club**

Mailing Address 7 Lele Street

Date of Disbursement

M M	D D	Y Y Y Y
03	27	2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Town Hall Meeting for Bob Marx campaign

003

Amount of Each Disbursement this Period

229.00
--------

Transaction ID : SB17.4752

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).....

1895.98

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

PAGE 14 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. Freight DHX**

Mailing Address P.O. Box 513370

City	State	Zip Code
Los Angeles	CA	90051-3370

Purpose of Disbursement  
freight of campaign signs

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
01		09		2012

Amount of Each Disbursement this Period

737.36
--------

Transaction ID : SB17.4658

**B. Freight DHX**

Mailing Address P.O. Box 513370

City	State	Zip Code
Los Angeles	CA	90051-3370

Purpose of Disbursement  
sign transport

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
03		30		2012

Amount of Each Disbursement this Period

222.23
--------

Transaction ID : SB17.4776

**c. Ervine, John**

Mailing Address #108, 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
reimbursement

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
02		17		2012

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.4680

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

1059.59

**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 15 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. Hastings & Pleadwell**

Mailing Address 31 N. King Street

City	State	Zip Code
Honolulu	HI	96817

Purpose of Disbursement  
public relations

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
02		14		2012

Amount of Each Disbursement this Period

5416.63

Transaction ID : SB17.4657

Full Name (Last, First, Middle Initial)

**B. Hawaiian Electric Light Company**

Mailing Address P.O. Box 1027

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Electric power for HQ

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
01		12		2012

Amount of Each Disbursement this Period

136.00

Transaction ID : SB17.4597

Full Name (Last, First, Middle Initial)

**C. Hawaiian Electric Light Company**

Mailing Address P.O. Box 1027

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
electric

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
02		22		2012

Amount of Each Disbursement this Period

244.48

Transaction ID : SB17.4683

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

5797.11

**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 16 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  
HQ electric bill

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
03		23		2012

Amount of Each Disbursement this Period

194.52
--------

Transaction ID : SB17.4750

**B. Hawaiian Telcom**

Mailing Address P.O. Box 30770

City	State	Zip Code
Honolulu	HI	96820

Purpose of Disbursement  
Telephone Services

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
01		11		2012

Amount of Each Disbursement this Period

152.03
--------

Transaction ID : SB17.4596

**C. Hawaiian Telcom**

Mailing Address P.O. Box 30770

City	State	Zip Code
Honolulu	HI	96820

Purpose of Disbursement  
telephone expense

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
03		28		2012

Amount of Each Disbursement this Period

248.27
--------

Transaction ID : SB17.4749

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

594.82



**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. Hawaii Publications Inc.**

Mailing Address Wailuku

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2012

City	State	Zip Code
Wailuku	HI	96793

Amount of Each Disbursement this Period

895.32
--------

Purpose of Disbursement  
newspaper ad

004

**Transaction ID : SB17.4690**

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. Honolulu Weekly**

Mailing Address 1111 Fort Street Mall #2

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2012

City	State	Zip Code
Honolulu	HI	96813

Amount of Each Disbursement this Period

1235.60
---------

Purpose of Disbursement  
newspaper ad

004

**Transaction ID : SB17.4688**

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. TV Station KGMB**

Mailing Address 420 Waiakamilo Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2012

City	State	Zip Code
Honolulu	HI	96817

Amount of Each Disbursement this Period

18076.96
----------

Purpose of Disbursement  
television advertising

004

**Transaction ID : SB17.4641**

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).....

20207.88

**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. TV Station KHNL**

Mailing Address 420 Wainakamilo Road

City	State	Zip Code
Honolulu	HI	96817

Purpose of Disbursement  
TV 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
02	/	10	/	2012

Amount of Each Disbursement this Period

14258.63

Transaction ID : SB17.4639

**B. KONG Radio Group**

Mailing Address 4271 Halenani

City	State	Zip Code
Lihue	HI	96766

Purpose of Disbursement  
radio 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
02	/	06	/	2012

Amount of Each Disbursement this Period

2187.49

Transaction ID : SB17.4626

**c. Ku Vuan 688 LCC**

Mailing Address 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
rent HQ

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
01	/	10	/	2012

Amount of Each Disbursement this Period

805.19

Transaction ID : SB17.4590

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

17251.31

**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 19 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. Ku Vuan 688 LCC**

Mailing Address 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
rent HQ

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
02		10		2012

Amount of Each Disbursement this Period

805.19
--------

Transaction ID : SB17.4704

Full Name (Last, First, Middle Initial)

**B. Ku Vuan 688 LCC**

Mailing Address 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
HQ rent

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
03		18		2012

Amount of Each Disbursement this Period

805.19
--------

Transaction ID : SB17.4748

Full Name (Last, First, Middle Initial)

**c. Robert Marx**

Mailing Address #105. 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
reimbursement for Darla Requelman for campaign - on loan from Robert  
Marx's law office

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
02		06		2012

Amount of Each Disbursement this Period

1023.97
---------

Transaction ID : SB17.4633

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

2634.35

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

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. Robert Marx**

Mailing Address #105. 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

1078.47
---------

Purpose of Disbursement  
reimbursement for Margaret (Molly) Ward for campaign - on loan from Robert Marx's law office

001

Candidate Name

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

State: HI District: 02

**Transaction ID : SB17.4838**

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
03		16		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

1039.65
---------

Purpose of Disbursement  
reimbursement for Margaret (Molly) Ward campaign services - on loan from Robert Marx's law practice

001

Candidate Name

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

State: HI District: 02

**Transaction ID : SB17.4835**

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
03		16		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

1101.67
---------

Purpose of Disbursement  
reimbursement for Darla Requelman campaign service - on loan from Robert Marx law office

001

Candidate Name

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

State: HI District: 02

**Transaction ID : SB17.4836****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3219.79

# **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 21 OF 36

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

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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

## **A. Robert Marx**

Mailing Address #105. 688 Kinoole Street

City State Zip Code  
Hilo HI 96720

Purpose of Disbursement  
In-kind - Campaign Pros

Candidate Name

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  
03 / 28 / 2012

Amount of Each Disbursement this Period

870.00

Transaction ID : SB17.4803

Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Robert Marx**

Mailing Address #105. 688 Kinoole Street

City State Zip Code  
Hilo HI 96720

Purpose of Disbursement  
In-kind - Blue Utopia

Candidate Name

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  
03 / 28 / 2012

Amount of Each Disbursement this Period

608.84

Transaction ID : SB17.4814

Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Robert Marx**

Mailing Address #105. 688 Kinoole Street

City State Zip Code  
Hilo HI 96720

Purpose of Disbursement  
In-kind - Facebook Ad

Candidate Name

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  
03 / 28 / 2012

Amount of Each Disbursement this Period

5097.28

Transaction ID : SB17.4815

Category/  
Type

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

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

6576.12

**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. Phillip Matlage**

Mailing Address Suite 108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
reimbursement

001

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4695

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. Phillip Matlage**

Mailing Address Suite 108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
reimbursement

001

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.4679

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. Dr. Dale McSherry**

Mailing Address P.O. Box 4248

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		15		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
TV ad

004

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4651

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).....

2858.00

**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 23 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. Dr. Dale McSherry**

Mailing Address P.O. Box 4248

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

Purpose of Disbursement  
In-kind - advertising TV montage

1600.00
---------

Candidate Name

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

State: HI District: 02

**Transaction ID : SB17.4703**

Full Name (Last, First, Middle Initial)

**B. Hilo Mechanical**

Mailing Address 50 Holomua Street

Date of Disbursement

M M	D D	Y Y Y Y
02	22	2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

Purpose of Disbursement  
Air condition repair of campaign HQ

217.04
--------

Candidate Name

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

State: HI District: 02

**Transaction ID : SB17.4681**

Full Name (Last, First, Middle Initial)

**c. Molokai Dispatch**Mailing Address 2 Kamoi Street  
Suite 5

Date of Disbursement

M M	D D	Y Y Y Y
03	01	2012

City	State	Zip Code
Kaunakakai	HI	96748

Amount of Each Disbursement this Period

Purpose of Disbursement  
newspaper ad

235.42
--------

Candidate Name

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

State: HI District: 02

**Transaction ID : SB17.4684****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2052.46

**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 24 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
01		03		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 : SB17.4587

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
01		05		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

275.00
--------

Transaction ID : SB17.4598

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
01		11		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

295.00
--------

Transaction ID : SB17.4595

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

760.00



**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 25 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
01		17		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
data entry

001

Amount of Each Disbursement this Period

365.00
--------

Transaction ID : SB17.4613

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. Mullen, Debra**

Mailing Address #108, 688 Kinoole

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Data Entry

001

Amount of Each Disbursement this Period

290.00
--------

Transaction ID : SB17.4603

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. Mullen, Debra**

Mailing Address #108, 688 Kinoole

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2012

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Date entry

001

Amount of Each Disbursement this Period

330.00
--------

Transaction ID : SB17.4606

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).....

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

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
02		06		2012

Amount of Each Disbursement this Period

365.00
--------

Transaction ID : SB17.4631

Full Name (Last, First, Middle Initial)

**B. Mullen, Debra**

Mailing Address #108, 688 Kinoole

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
reimbursement for ink printer

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
02		08		2012

Amount of Each Disbursement this Period

69.77
-------

Transaction ID : SB17.4634

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
02		13		2012

Amount of Each Disbursement this Period

290.00
--------

Transaction ID : SB17.4650

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

724.77

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

PAGE 27 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

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
02		22		2012

Amount of Each Disbursement this Period

325.00
--------

Transaction ID : SB17.4668

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
02		27		2012

Amount of Each Disbursement this Period

205.00
--------

Transaction ID : SB17.4670

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
03		07		2012

Amount of Each Disbursement this Period

275.00
--------

Transaction ID : SB17.4693

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

805.00

**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
03	13	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

335.00
--------

Transaction ID : SB17.4718

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
03	28	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

245.00
--------

Transaction ID : SB17.4751

Full Name (Last, First, Middle Initial)

**c. Maui News**

Mailing Address 100 Mahalani Street

Date of Disbursement

M M	D D	Y Y Y Y
02	14	2012

City	State	Zip Code
Wailuku	HI	96793

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

8068.25
---------

Transaction ID : SB17.4654

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

8648.25

**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. New West Broadcasting Corporation**

Mailing Address 1145 Kilauea Avenue

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Advertising - radio

004

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
01		31		2012

Amount of Each Disbursement this Period

3381.38
---------

Transaction ID : SB17.4608

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

City	State	Zip Code
Mililani	HI	96789

Purpose of Disbursement  
Ad Production

004

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
02		06		2012

Amount of Each Disbursement this Period

5650.34
---------

Transaction ID : SB17.4629

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

City	State	Zip Code
Mililani	HI	96789

Purpose of Disbursement  
television ad

004

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
02		24		2012

Amount of Each Disbursement this Period

31970.86
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Transaction ID : SB17.4761

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

41002.58

**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  
television ad

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
03	29	2012

Amount of Each Disbursement this Period

3488.52
---------

Transaction ID : SB17.4777

**B. Pacific Radio Group, Inc.**

Mailing Address 913 Kanoolehua Avenue

City Hilo State HI Zip Code 96720

Purpose of Disbursement  
radio ad

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
03	07	2012

Amount of Each Disbursement this Period

3228.96
---------

Transaction ID : SB17.4694

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

Mailing Address 913 Kanoolehua Avenue

City Hilo State HI Zip Code 96720

Purpose of Disbursement  
Radio Ad

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
03	12	2012

Amount of Each Disbursement this Period

4283.35
---------

Transaction ID : SB17.4714

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

11000.83

**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. Darla Reuelman**

Mailing Address 108#, 688 Kinoole Street

Date of Disbursement

M M	D D	Y Y Y Y
03	28	2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

123.12
--------

Purpose of Disbursement  
reimbursement - farmers market

003

Transaction ID : SB17.4769

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. Reed Takaaze**

Mailing Address 138 Apoke Street

Date of Disbursement

M M	D D	Y Y Y Y
01	06	2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

312.00
--------

Purpose of Disbursement  
Political Ad Still Photos

001

Transaction ID : SB17.4591

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. Ink Technologies**

Mailing Address 7600 McEwen Rd

Date of Disbursement

M M	D D	Y Y Y Y
01	01	2012

City	State	Zip Code
Centerville	OH	45459

Amount of Each Disbursement this Period

769.01
--------

Purpose of Disbursement  
Service fees for ink and printing supplies

001

Transaction ID : SB17.4820

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).....

1204.13

**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 32 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. Ink Technologies**

Mailing Address 7600 McEwen Rd

City	State	Zip Code
Centerville	OH	45459

Purpose of Disbursement  
HP direct - ink ordering and printing 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

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2012

Amount of Each Disbursement this Period

2234.12
---------

Transaction ID : SB17.4823

**B. United States Postal Service**

Mailing Address Hilo Airport Post Office

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Postal service - mailing brochures

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
01		17		2012

Amount of Each Disbursement this Period

3569.80
---------

Transaction ID : SB17.4614

**c. United States Postal Service**

Mailing Address Hilo Airport Post Office

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Postal service - mailing

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
01		19		2012

Amount of Each Disbursement this Period

2077.92
---------

Transaction ID : SB17.4615

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

7881.84



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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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. United States Postal Service**

Mailing Address Hilo Airport Post Office

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
postal service, mail outs - 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
01		23		2012

Amount of Each Disbursement this Period

2618.73
---------

Transaction ID : SB17.4600

**B. United States Postal Service**

Mailing Address Hilo Airport Post Office

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Bulk Mailer

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
01		25		2012

Amount of Each Disbursement this Period

1772.05
---------

Transaction ID : SB17.4602

**c. United States Postal Service**

Mailing Address Hilo Airport Post Office

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
postage mailing

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
02		08		2012

Amount of Each Disbursement this Period

1468.90
---------

Transaction ID : SB17.4635

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

5859.68

**SCHEDULE B (FEC Form 3)  
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PAGE 34 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)

**Bob Marx for Hawaii**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address Hilo Airport Post Office

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

1844.40
---------

Transaction ID : SB17.4656

Purpose of Disbursement  
postal service, mail outs

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

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address Hilo Airport Post Office

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

1137.91
---------

Transaction ID : SB17.4832

Purpose of Disbursement  
postal services for campaign mailings

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

Full Name (Last, First, Middle Initial)

**c. Voong, Linda**

Mailing Address #108, 688 Kinoole Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2012

City	State	Zip Code
Hilo	HI	96720

Amount of Each Disbursement this Period

277.50
--------

Transaction ID : SB17.4586

Purpose of Disbursement  
Campaign consulting

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

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

3259.81

**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. Voong, Linda**

Mailing Address #108, 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Campaign consulting

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
01		29		2012

Amount of Each Disbursement this Period

5000	000	00
		90.00

Transaction ID : SB17.4618

**B. Voong, Linda**

Mailing Address #108, 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
Campaign Consulting

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
01		30		2012

Amount of Each Disbursement this Period

5000	000	00
		180.00

Transaction ID : SB17.4607

**c. Voong, Linda**

Mailing Address #108, 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement  
website management

003

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
02		22		2012

Amount of Each Disbursement this Period

5000	000	00
		255.00

Transaction ID : SB17.4669

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

525.00

