Image# 13960952032 PAGE 1 / 28

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		TOT OTHER	IIIaii Ali Au		Oommitte			Office Use Only	
1.	NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼		mple: If typir the lines.	ng, type	12FE4M5		
U	Iniversity of Hawaii F	Profession	nal Assembly	<i>,</i>					
					1 1 1 1				
ΑD	DRESS (number and street)	1017 Pa	m Drive						
_	Check if different								
ŀ	than previously reported. (ACC)	Honolulu	I				HI	96814	
2.	FEC IDENTIFICATION N	NUMBER V	CI	TY▲		S	STATE 🛦	ZIP CC	DDE 🛦
	C C00520262			S THIS REPORT		NEW N) OR	× An	MENDED)	
4.	TYPE OF REPORT (Choose One)	(b) Mor Rep		20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due	Ma	r 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15		Apr	20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
	Quarterly Report	(Q1) (c)	12-Day		Primary (12P	P)	General	(12G)	Runoff (12R)
	Quarterly Report	(Q2)	PRE-Election Report for the:	П	Convention (12C)	Special	(12S)	
	October 15 Quarterly Report	(Q3)			M M /	D D /	Y	5. 16.	
	January 31 Year-End Report	(YE)	Electi	on on	M = M /			in the State o	of
	July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d)	30-Day POST-Election		General (300	ā)	Runoff (30R)	Special (30S)
	Termination Repo	rt	Report for the:		M = M /	D D /	Y = Y = Y = Y	in the	
	(TEH)		Electi	on on				State of	of
5.	Covering Period	D7 23		Y	through	M M M	30	2012	
I ce	ertify that I have examined	this Report a	nd to the best o	f mv knov	vledge and b	pelief it is true	e. correct an	d complete.	
	pe or Print Name of Treasur	-		, -				, , , , , , , , , , , , , , , , , , ,	
Sig	nature of Treasurer Car	therine T. Bye			[Electronically	v Filed] Da	ate 02	/ D D /	2013
NO	TE: Submission of false, erro	neous, or inc	omplete informatio	on may su	bject the pers	son signing thi	s Report to t		
ı	Office Use							FEC FOR Rev. 12/2	
	Only			- 1		1		1	

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
ι	Jniversity of Hawaii Professional A	ssembly	
R	eport Covering the Period: From: 0	7 23 2012 To:	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		71760.00
	(b) Cash on Hand at Beginning of Reporting Period	69525.68	
	(c) Total Receipts (from Line 19)	0.00	219206.68
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69525.68	290966.68
7.	Total Disbursements (from Line 31)	63913.94	285354.94
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5611.74	5611.74
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multica	undidate committee. (see FEC FORM 1M)	
		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 3X (Rev. 06/2004)

Write or Type Committee Name

University of Hawaii Professional Assembly

I. Receipts	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
ntributions (other than loans) From:		
	0.00	219206.68
(i) Itemized (use Schedule A)	0.00	210200.00
/// II // I	0.00	0.00
	0.00	0.00
	0.00	219206.68
Lines II(a)(i) and (ii)	0.00	213200.00
Political Party Committees	0.00	0.00
	0.00	0.00
		7 7
	0.00	219206.68
	0.00	0.00
ty communication	5.00	
Loans Received	0.00	0.00
a Danasanta Danaisad	0.00	0.00
· ·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
(ITOTT Scriedule 113)	0.00	0.00
	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (a 11 dQ() and dQ()	2.00	
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period		
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 1110 1 01100	Calendar Year-to-Date	
Activity (from Schedule H4) (i) Federal Share	0.00	0.00	
(i) Federal Share			
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	10517.72	0.00	
Expenditures(c) Total Operating Expenditures	-48517.72	0.00	
(add 21(a)(i), (a)(ii), and (b))▶	-48517.72	0.00	
Transfers to Affiliated/Other Party			
Committees Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures	112431.66	285354.94	
(use Schedule E) Coordinated Party Expenditures	112431.00	203034.94	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
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	
(200	7		
(d) Total Contribution Refunds	0.00		
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely			
With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
_			
Total Disbursements (add Lines 21(c), 22,	22242.24		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	63913.94	285354.94	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)	62042.04	205254.04	
from Line 31)	63913.94	285354.9	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	219206.68
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	219206.68
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	-48517.72	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	-48517.72	0.00

	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE NUMBER: (check only one)					PA	PAGE 6 OF 28			
	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27	22 28a		23 28b	24 28c	25 29		26 30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam												5
\geq	NAME OF COMMITTEE (In Full) University of Hawaii Professional A	ssembl	у										
Α.	Full Name (Last, First, Middle Initial) Daylight Communications, Inc.						Date o		bursei		/ I Y I Y	Y	
	Mailing Address 96 County Road						07	_	27		2012		
	,	State MA	Zip Code 01938-2525				Trans	sacti	on ID	: SB21B.	4188		
	Reverse prepayment for independent expenditure			E	004		Amour	nt of I	Each	Disburse	ment this	s Perio	od
	Candidate Name EDWARD ESPENETT CASE				tegoi Type	ry/			,		-120	91.03	
	Senate President	nent For: Primary Other (spe	General										
	State: HI District: 00 Full Name (Last, First, Middle Initial)												
В.	Dean Lucas						Date o	_				V	
	Mailing Address 157 Kihapai St						07		30		2012		
	Kailua	State HI	Zip Code 96734				Tran	sacti	on ID	: SB21B	.4189		
	Purpose of Disbursement Reverse prepaiyment of independent expenditure			П	004		Amour	nt of I	Each I	Disburse	ment this	s Peric	od
	Candidate Name EDWARD ESPENETT CASE				tegoi Type	ry/					-75	00.00	
	Office Sought: House Disbursem	nent For: Primary Other (spe	General		71				,				
c.	Full Name (Last, First, Middle Initial) KHON						Date o	of Dis					
	Mailing Address 88 Piikoi St						07	/	30		2012	Y	
	City S Honolulu	State HI	Zip Code 96814				Tran	sacti	on ID	: SB21B	.4190		
	Purpose of Disbursement Reverse prepayment of independent expenditure				004	\neg	A			D:= ==		- Davis	- al
	Candidate Name EDWARD ESPENETT CASE			Cat	tegoi Type	ry/	Amour	it of i	Each	Disburse		08.89	oa
	X Senate	nent For: Primary Other (spe	General										
S	SUBTOTAL of Disbursements This Page (optional)							-		-	-348	99.92	$\overline{}$
	OTAL This Period (last page this line number only).						\vdash				-	-	Ħ

1mage# 13960952038 PAGE 7 / 28

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SB21B Transaction ID: SB21B.4188

Reversal of prepaid expenditure paid in the prior reporting period but aired in this reporting period.

Form/Schedule: SB21B Transaction ID: SB21B.4189

Reversal of prepaid expenditure paid in the prior reporting period but aired in this reporting period.

1mage# 13960952039 PAGE 8 / 28

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SB21B Transaction ID: SB21B.4190

Transposed amount. Reversal of prepaid expenditure paid in the prior reporting period but aired in this reporting

period.

Form/Schedule: Transaction ID:

ľ

Use separate schedule(s) for each category of the Detailed Summary Page Summary Page FOR LINE NUMBER: (check only one)	
Detailed Summary Page A 210 22 23 24 28c 28c	
	25 26 29 30b
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such	n committee.
NAME OF COMMITTEE (In Full)	
igr angle University of Hawaii Professional Assembly	
Full Name (Last, First, Middle Initial)	
A. KITV4 Date of Disbursement	
	YYY
Mailing Address 801 S King St	2012
City State Zip Code	
Honolulu HI 96813 Transaction ID : SB21B.4	1191
Purpose of Disbursement Reverse prepayment of independent expenditure 004 Amount of Each Disbursem	ant this Pariod
Candidate Name	ient tris Period
EDWARD ESPENETT CASE Category/ Type	-6786.65
Office Sought:	
Senate Primary General	
State: HI District: 00 Other (specify) ▼	
Full Name (Last, First, Middle Initial)	
B. KITV4 Date of Disbursement	
	YYY
Mailing Address 801 S King St 08 06	2012
City State Zip Code Transaction ID : SB21B.4	1192
Honolulu HI 96813 Purpose of Disbursement	
Reverse prepayment of independent expenditure 004 Amount of Each Disbursem	nent this Period
Candidate Name Category/	-6831.15
EDWARD ESPENETT CASE Office Sought: House Disbursement For: 2012	0001.10
X Senate	
Senate President Primary General Other (specify) ▼	
President State: HI District: 00 Full Name (Last, First, Middle Initial) Other (specify) ▼	
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Other (specify) ▼ Date of Disbursement	
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Date of Disbursement	* Y * Y * Y
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address Other (specify) ▼ Date of Disbursement	" Y " Y " Y
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Date of Disbursement	* Y * Y * Y
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address Other (specify) ▼ Date of Disbursement	YYYY
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursem	
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Category/ Category/ Cother (specify) ▼ Other (specify) ▼ Date of Disbursement Amount of Each Disbursement Category/	
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Other (specify) ▼ Date of Disbursement Amount of Each Disbursement Category/ Type	
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Category/ Category/ Cother (specify) ▼ Other (specify) ▼ Date of Disbursement Amount of Each Disbursement Category/	
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For:	
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General	
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursem Category/ Type Other (specify) ▼ State: District:	nent this Period
State: HI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President President Other (specify) ▼ Other (specify) ▼ Date of Disbursement Amount of Each Disbursement Category/ Type Other (specify) ▼ Other (specify) ▼	

1mage# 13960952041 PAGE 10 / 28

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SB21B Transaction ID: SB21B.4191

Reversal of prepaid expenditure paid in the prior reporting period but aired in this reporting period.

Form/Schedule: SB21B Transaction ID: SB21B.4192

Reversal of prepaid expenditure paid in the prior reporting period but aired in this reporting period.

Check if

SCHEDULE E ITEMIZED INDEPEN

MIZED INDEPENDENT EXPENDITURES	PAGE 11 OF 28 FOR LINE 24 OF FORM 3
ME OF COMMITTEE (In Full) niversity of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER C C00520262
k if 24-hour report 48-hour report New report Amends report	t filed on
Full Name (Last, First, Middle Initial) of Payee Cardinal Services Ltd.	Date Date
Mailing Address 197 Sand Island Access Rd, Unit A	Amount
City State Zip Code Honolulu HI 96819	469.34 Transaction ID : SE.4215
Purpose of Expenditure Freight charges for Case mailing #1 & 3 Category/ Type 006	Office Sought: House State: HI Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE	Check One: President Oppose
Calendar Year-To-Date Per Election for Office Sought 261120.24	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Daylight Communications, Inc. Mailing Address 96 County Road	Date 07 / 23 / 2012
City State Zip Code pswich MA 01938-2525	Amount 12091.03
Purpose of Expenditure Direct mail piece 'Difference' (mailed to the public on 07/26/12) Category/ Type 006	Office Sought: House State: HI Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
) SUBTOTAL of Itemized Independent Expenditures	12560.37
) SUBTOTAL of Unitemized Independent Expenditures	•
) TOTAL Independent Expenditures	>

Under penalty of perju with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine T. Bye [Electronically Filed] 02 19 2013 Date Signature

1mage# 13960952043 PAGE 12 / 28

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: SE.4143

Mailed piece to the public on 07/27/12 The anmount paid for this mailing titled "Difference" is the same as the mailing titled "Always True" dated 07/23/12.

Form/Schedule: Transaction ID:

S

Catherine T. Bye

Signature

	CHEDULE E (FEC Form 3X)			
ΤΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 13	OF 28 24 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)			
	Iniversity of Hawaii Professional Assembly	l G	C IDENTIFICATI	ON NUMBER V
			C00520262	
Ch	neck if 24-hour report 48-hour report New report Amends report	ort filed on	/ 0 0 /	Y Y Y Y Y
	Full Name (Last, First, Middle Initial) of Payee Daylight Communications, Inc.	Date		
	, ,	07	M / D D /	2012
	Mailing Address 96 County Road	Amount		
	City State Zip Code	Amount		10001.00
	Ipswich MA 01938-2525	Transactio	on ID : SE.4206	12091.03
	Purpose of Expenditure Direct mail piece 'Lingle' (mailed to the public on 08/03/12) Category/ O06	Office Sought:	House	State: HI
	Name of Federal Candidate Supported or Opposed by Expenditure:		Senate President	District:
	EDWARD ESPENETT CASE	Check One:	Support	Oppose
	Calendar Year-To-Date Per Election		For: Primary	General
	for Office Sought 249446.95	2012 Other	(specify)	
	Full Name (Last, First, Middle Initial) of Payee Dean Lucas	Date		
		07	M / D D /	2012
	Mailing Address 157 Kihapai St	Amount		
	City State Zip Code			7500.00
	Kailua HI 96734		on ID : SE.4158	1 75
	Purpose of Expenditure TV Consulting from 07/30/12 Category/ Type 004	Office Sought:	House Senate	State: HI
	Name of Federal Candidate Supported or Opposed by Expenditure:		President	District:
	EDWARD ESPENETT CASE	Check One:	Support	Oppose
	Calendar Year-To-Date Per Election		For: Primary	General
	for Office Sought	2012 Other	(specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures	• •	7	19591.03
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures	•	7 7	
	Under penalty of perjury I certify that the independent expenditures reported herein were	not made in coor	peration, consults	ation, or concert
	with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.			

[Electronically Filed]

02

Date

19

2013

1mage# 13960952045 PAGE 14 / 28

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: SE.4206

Mailed piece to the public on 08/03/12

Form/Schedule: Transaction ID:

Signature

FEMIZED INDEDENDENT EXPENDITURES	45 OF
TEMIZED INDEPENDENT EXPENDITURES	PAGE 15 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
University of Hawaii Professional Assembly	C C00520262
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name (Last, First, Middle Initial) of Payee Dean Lucas	Date
Mailing Address 157 Kihapai St	07 24 7 2012
Ctate Zin Code	Amount
City State Zip Code Kailua HI 96734	1847.12
Purpose of Expenditure Consulting services from 07/26/12 Category/ Type 004	Office Sought: House State: HI Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE	Check One: President Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Kristeen Hanselman	Date 07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1177 Mokuhana St, #H102	Amount
City State Zip Code Honolulu HI 96825	1076.32 Transaction ID : SE.4227
Purpose of Expenditure Time spent on messaging, tv media schedule, etc Category/ Type 001	Office Sought: House State: HI Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 252311.08	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2923.44
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Catherine T. Bye [Electronically Filed] Date	02 19 2013

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	MIZED INDEPENDENT EXPENDITURES			PAGE 16 FOR LINE 2	OF 28 24 OF FORM 3X
	ME OF COMMITTEE (In Full) niversity of Hawaii Professional Assembly			ENTIFICATIO	ON NUMBER ▼
Ch	eck if 24-hour report 48-hour report New report Amends repo	ort filed on	M /	D D /	YIYIY
	Full Name (Last, First, Middle Initial) of Payee Kristeen Hanselman Mailing Address 1177 Mokuhana St, #H102		07 /	31	^Y 2012
	City State Zip Code Honolulu HI 96825			05 4000	296.92
	Purpose of Expenditure Time spent on preparing mailing & tv spot Category/ Type O01 Name of Federal Candidate Supported or Opposed by Expenditure: LINDA LINGLE	Office Sough Check One:		: SE.4228 House Senate President Support	State: HI District: Oppose
	Calendar Year-To-Date Per Election for Office Sought 252608.00	Disbursemer 2012 Ott	nt For:		General
	Full Name (Last, First, Middle Initial) of Payee Kristeen Hanselman Mailing Address 1177 Mokuhana St, #H102	Date	07 /	31	2012
	City State Zip Code Honolulu HI 96825 Purpose of Expenditure	Transa Office Sough		: SE.4229 House	259.80 State: HI
	Purpose of Expenditure Time spent on coordinating radio spot Name of Federal Candidate Supported or Opposed by Expenditure:			Senate President	District: 02
	MULIUFI F 'MUFI' HANNEMANN	Check One:	X	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2012 Ot	nt For:		General
	a) SUBTOTAL of Itemized Independent Expenditures		- 7		556.72
	b) SUBTOTAL of Unitemized Independent Expenditures c) TOTAL Independent Expenditures			7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.				
	Catherine T. Bye [Electronically Filed] Date	M M /	D = D	/ Y Y Y	Y Y
	Signature [Electronically Filea] Date	e 02	19	201	5

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 17 OF 28
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼
	C C00520262
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Kristeen Hanselman	Date
Kristeen nanseiman	M M / D D / Y Y Y Y
Mailing Address 1177 Mokuhana St, #H102	08 31 2012
	Amount
City State Zip Code	408.26
Honolulu HI 96825	Transaction ID : SE.4230
	Office Sought: House State: HI
Time spent on coordinating TV schedule, mailings, & misc Type 001	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President —
EDWARD ESPENETT CASE	Check One: Support Oppose
	Disbursement For: Primary General O12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Kristeen Hanselman	M M / D D / Y Y Y Y
Mailing Address 1177 Mokuhana St, #H102	08 31 2012
	Amount
City State Zip Code	111.34
Honolulu HI 96825	Transaction ID : SE.4231
	Office Sought: House State: HI
Time spent on coordinating TV spot, mailing, & misc Type 001	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
LINDA LINGLE	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
	Other (specify)
(a) CURTOTAL of Itomized Independent Evpenditures	510.60
(a) SUBTOTAL of Itemized Independent Expenditures	519.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SUBTUTAL OF OFficernized independent Experiances	>
(c) TOTAL Independent Expenditures	
(c) TOTAL Independent Experioration)
Under penalty of perjury I certify that the independent expenditures reported herein were no	
with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	entity is not a political

Catherine T. Bye	[Electronically Filed]	Date	02 /	19	/	2013
Signature						

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 18 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C C00520262
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Kristeen Hanselman	M M / D D / Y Y Y Y Y
Mailing Address 1177 Mokuhana St, #H102 Amo	08 31 2012 ount
City State Zip Code Honolulu HI 96825 Trans	92.79 action ID : SE.4232
Purpose of Expenditure Time spent on coordinating News release & misc Category/ Type Office Sou	ght: House State: HI Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: MAZIE K HIRONO Check One	
Calendar Year-To-Date Per Election for Office Sought 1925.25 Disbursem 2012	ent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Kristeen Hanselman	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1177 Mokuhana St, #H102 Amo	punt
	92.79 saction ID: SE.4233 ght: Nouse State: HI
Purpose of Expenditure Time spent on preparing News Release & misc Category/ Type Office Sou Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 02 President
TULSI GABBARD Check One	e: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1009.02 Disbursem 2012	ent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	185.58
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 4 .
(c) TOTAL Independent Expenditures	7 7 7 .
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Catherine T. Bye [Electronically Filed] Date 02	19 / 2013
Signature	

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Catherine T. Bye

Signature

CHEDULE E (FEC Form 3X)	
EMIZED INDEPENDENT EXPENDITURES	PAGE 19 OF 28 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Jniversity of Hawaii Professional Assembly	C C00520262
check if 24-hour report 48-hour report New report Amends report	oort filed on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee	Date
Kristeen Hanselman	Date
Mailing Address	09 30 2012
Mailing Address 1177 Mokuhana St, #H102	Amount
City State Zip Code	283.98
Honolulu HI 96825	Transaction ID : SE.4234
Purpose of Expenditure Category/	Office Sought: House State: HI
Time spent on redesign of website & misc	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	
MAZIE K HIRONO	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3574.57	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Kristeen Hanselman	M M / D D / Y Y Y Y
Mailing Address 1177 Mokuhana St, #H102	09 30 2012
1177 Workshand Ot, #11102	Amount
City State Zip Code	
Honolulu HI 96825	109.22
Purpose of Expenditure Category/	Transaction ID : SE.4235 Office Sought: ✓ House State: HI
Time spent on redesign of website & misc work Category/ Type O01	Senate Service
	President District: 02
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
TULSI GABBARD	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 393.20
(1) CURTOTAL of Helicaries d Independent Funcadiane	
(b) SUBTOTAL of Unitemized Independent Expenditures	··· •
(c) TOTAL Independent Expenditures	
(C) TOTAL Independent Expenditures	··· >
Under penalty of perjury I certify that the independent expenditures reported herein were	not made in connection consultation or concert
with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	

[Electronically Filed] 02 19 2013 Date

36	CHEDULE E (FEC Form 3X)			
	EMIZED INDEPENDENT EXPENDITURES		PAGE 20 FOR LINE	OF 28 24 OF FORM 3X
VΑ	ME OF COMMITTEE (In Full)		FEC IDENTIFICATI	ON NUMBER ▼
U	Iniversity of Hawaii Professional Assembly			OR ROMEZIA
			C C00520262	
Ͻh	peck if 24-hour report 48-hour report New report Amends report		/ D D /	Y = Y = Y
	Full Name (Last, First, Middle Initial) of Payee KGMB	Date		
	1	N.	07 / 24	2012
	Mailing Address 420 Waiakamilo Rd, #205	L	07 24	2012
	1	Amou	ınt	
	City State Zip Code	— -		10450 64
	Honolulu HI 96817	Tranca	" ID - SE 4160	16452.61
	Purpose of Expenditure Category/	Office Soug	action ID : SE.4169 pht: House	State: HI
	Television Ad (begins airing 07/23/12) Category/ Type O04		X Senate	District:
	Name of Federal Candidate Supported or Opposed by Expenditure:		President	
	EDWARD ESPENETT CASE	Check One:	: Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	2012	ent For: Primary other (specify)	General
	Full Name (Last, First, Middle Initial) of Payee KHNL	Date		
			07 / 24	2012
	Mailing Address 420 Waiakamilo Rd, #205	Amou	unt	
	City State Zip Code			222.05
	Honolulu HI 96817	يبار ا	27 1470	890.05
	Purpose of Expenditure Category/	Transa Office Soug	action ID : SE.4170 pht: House	State: HI
	Television Ad (begins airing 07/23/12) Category/ Type Out Type		Senate	District:
	Name of Federal Candidate Supported or Opposed by Expenditure:		President	
	EDWARD ESPENETT CASE	Check One:	: Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	2012	ent For: Primary other (specify)	General
	(a) SUBTOTAL of Itemized Independent Expenditures			17342.66
	(a) SUBTOTAL OF ITEMIZED INDEPENDENT EXPENDITURES	•	7 7	17342.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	· •	7 7	
	(c) TOTAL Independent Expenditures	>		
—				
	Under penalty of perjury I certify that the independent expenditures reported herein were rewith, or at the request or suggestion of any candidate or authorized committee or agent of		•	

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Catherine T. Bye	[Electronically Filed]	Date	02	/	19	/	2013
Signature						1 1	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	21	OF	28	
FOR L	NE 24	OF FO	ORM 3X	
DENTIFICATION NUMBER ▼				

	I ON EINE 24 OF FORIW 9X
NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼
Offiversity of Flawaii Floressional Assembly	C C00520262
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name (Last, First, Middle Initial) of Payee	Date
KHON	M M / D D / Y Y Y
Mailing Address 88 Piikoi St	07 23 2012
SO TIMOLOG	Amount
City State Zip Code	15308.89
Honolulu HI 96814	Transaction ID : SE.4144
Purpose of Expenditure Talayisian Add (hadin siring on 07/20/42) Category/	Office Sought: House State: HI
Television Ads (begin airing on 07/30/12) Type 004 Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
EDWARD ESPENETT CASE	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
KHON	M M / D D / Y Y Y Y
Mailing Address 88 Piikoi St	2012
	Amount
City State Zip Code	3293.19
Honolulu HI 96814	Transaction ID : SE.4164
Purpose of Expenditure Talayisian ad (hasing a siring an 07/36/42) Category/	Office Sought: House State: HI
Television ad (begins airing on 07/26/12) Type 004 Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President —
EDWARD ESPENETT CASE	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought 209888.16	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	18602.08
(b) SUBTOTAL of Unitemized Independent Expenditures	>
/ N ===== 1	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Catherine T. Bye [Electronically Filed] Date	M = M / D = D / Y = Y = Y
Signature Date	02 19 2013

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CHEDULE E (FEC Form 3X)		
EMIZED INDEPENDENT EXPENDITURES	j	PAGE 22 OF 28
The second second of the second secon		FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full) Jniversity of Hawaii Professional Ass	amhlu	FEC IDENTIFICATION NUMBER ▼
Miversity of Hawaii Floressional Ass	anibiy	C C00520262
heck if 24-hour report 48-hour report	New report Amends	ds report filed on
Full Name (Last, First, Middle Initial) of Payee KITV4		Date
		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 801 S King St		Amount
City	State Zip Code	2706 CE
Honolulu	HI 96813	6786.65 Transaction ID : SE.4161
Purpose of Expenditure TV ad (begins airing 07/30/12)	Category/ Type 004	Office Sought: House State: HI
15 1 10 and that Composited or Opposite		Senate District: President
Name of Federal Candidate Supported or Opposed EDWARD ESPENETT CASE	by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	196359.37	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee KITV4		Date
Mailing Address 801 S King St		07 23 2012
		Amount
City	State Zip Code HI 96813	6831.15
Honolulu	HI 96813	Transaction ID : SE.4162
Purpose of Expenditure TV ad (begins airing 08/06/12)	Category/ Type 004	Office Sought: House State: HI Senate District:
Name of Federal Candidate Supported or Opposed	d by Expenditure:	President
EDWARD ESPENETT CASE		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	203190.52	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	es	13617.80
(b) SUBTOTAL of Unitemized Independent Expendi	tures	······
(c) TOTAL Independent Expenditures		······································
		n were not made in cooperation, consultation, or concert agent of either, or (if the reporting entity is not a political

party committee) any political party committee or its agent.

Catherine T. Bye [Electronically Filed] 02 19 2013 Date Signature

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Catherine T. Bye

Signature

	CHEDULE E (FEC Form 3X)	
ΓĿ	EMIZED INDEPENDENT EXPENDITURES	PAGE 23 OF 28 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
U	Iniversity of Hawaii Professional Assembly	C C00520262
_ Ch	neck if 24-hour report 48-hour report New report Amends report	ort filed on M = M / D = D / Y = Y = Y
	Full Name (Last, First, Middle Initial) of Payee KITV4	Date
	Mailing Address 801 S King St	M 07 / 23 / 2012 Amount
	City State Zip Code	Alliouit
	Honolulu HI 96813	3404.45 Transaction ID : SE.4163
	Purpose of Expenditure Televison Ads (begins airing 07/26/12) Category/ Type 004	Office Sought: House State: HI Senate District: President
	Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE	Check One: Support Oppose
	Calendar Year-To-Date Per Election for Office Sought 206594.97	Disbursement For: Primary General Other (specify)
	Full Name (Last, First, Middle Initial) of Payee Strategic Communication Solutions, LLC	Date 07 31 2012
	Mailing Address PO Box 283137	Amount
	City State Zip Code	1564.33
	Honolulu HI 96828-3137	Transaction ID : SE.4217
	Purpose of Expenditure Discuss political messaging, Category/ Type 004	Office Sought: House State: HI Senate District:
	Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE	Check One: President Oppose
	Calendar Year-To-Date Per Election for Office Sought 251011.28	Disbursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	• 4968.78
	(b) SUBTOTAL of Unitemized Independent Expenditures	-
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	•

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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2 '	TIFICATIO 0520262	N NUMBE	R▼
M / [D D /	Y = Y = Y	Y
M /	31	2012	Y
on ID : S	E.4218	223.4	8
X s	ouse enate resident	State: District:	HI
S	upport Primary	Орро	
		Gene	

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
University of Hawaii Professional Assembly	C C00520262
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Strategic Communication Solutions, LLC	M " M
Mailing Address PO Box 283137 Amou	07 31 2012 unt
City State Zip Code Honolulu HI 96828-3137 Transa	223.48 action ID : SE.4218
Purpose of Expenditure Direct Mail Category/ Type 004 Office Sough	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: LINDA LINGLE Check One	President Support Oppose
251224.76	ent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Strategic Communication Solutions, LLC	M
Mailing Address PO Box 283137 Amount	unt
City State Zip Code Honolulu HI 96828-3137 Trans	152.71 action ID : SE.4220
Purpose of Expenditure Advertising Category/ Type 004	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE Check One	President Support Oppose
	ent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	376.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Catherine T. Bye [Electronically Filed] Date 02	19 2013
Signature	

S

Catherine T. Bye

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 25 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
University of Hawaii Professional Assembly	C C00520262
Check if 24-hour report 48-hour report New report Amends report	filed on
Full Name (Last, First, Middle Initial) of Payee Strategic Communication Solutions, LLC Mailing Address PO Box 283137	Date 08 / 31 / 2012
3 1 0 BOX 200107	Amount
City State Zip Code Honolulu HI 96828-3137	1832.46 Transaction ID : SE.4221
News release Type 004	Office Sought: House State: HI Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: MAZIE K HIRONO	Check One: Support Oppose
Calcilual leal-10-bate i el Liection	Disbursement For: Primary General O12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Strategic Communication Solutions, LLC Mailing Address PO Box 283137	Date 08 31 / Y 2012
O'L	Amount
City State Zip Code Honolulu HI 96828-3137	916.23 Transaction ID : SE.4223
News Release Type 004	Office Sought: House State: HI Senate District: 02 President
Name of Federal Candidate Supported or Opposed by Expenditure: TULSI GABBARD	Check One: Support Oppose
	Disbursement For: Primary General 012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2748.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	

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Catherine T. Bye

Signature

CHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 26 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
University of Hawaii Professional Assembly	C C00520262
	0 00020202
Check if 24-hour report 48-hour report New report Amends repo	ort filed on
Full Name (Last, First, Middle Initial) of Payee Strategic Communication Solutions, LLC	Date
Strategic Communication Solutions, ELC	M M / D D / Y Y Y Y Y
Mailing Address PO Box 283137	09 30 2012
	Amount
City State Zip Code Honolulu HI 96828-3137	1365.34
	Transaction ID : SE.4225 Office Sought: House State: HI
Purpose of Expenditure Draft endorsement & discuss website Category/ Type 004	Sonoto - III
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
MAZIE K HIRONO	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Strategic Communication Solutions, LLC	M M / D D / Y Y Y Y
Mailing Address PO Box 283137	09 30 2012
	Amount
City State Zip Code	359.30
Honolulu HI 96828-3137	Transaction ID : SE.4226
Purpose of Expenditure Endoresemtn & discuss website changes Category/ Type 004	Office Sought: House State: HI
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 02
TULSI GABBARD	Check One: Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1724.64
(b) SUBTOTAL of Unitemized Independent Expenditures	. •
(c) TOTAL Independent Expenditures	. •
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	

[Electronically Filed]

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Date

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	27	OF	28
FOR L	NE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Liniversity of Llevelii Drefessional Assembly				
University of Hawaii Professional Assembly	C C00520262			
Check if 24-hour report 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee US Postal Service	Date			
Mailing Address 3600 Aolele St	07 26 2012 Amount			
City State Zip Code Honolulu HI 96820	8277.98 ransaction ID : SE.4199			
	Sought: House State: HI Senate District:			
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE Check	One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 237355.92 Disburs	sement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee US Postal Service	Date M M D D V Y Y Y Y Y Y Y Y Y			
Mailing Address 3600 Aolele St	Amount			
City State Zip Code Honolulu HI 96820	8042.90 ransaction ID : SE.4207			
Purpose of Expenditure Postage for direct mail piece 'Lingle' Category/ Type Office	Sought: House State: HI Senate District:			
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE Check	One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 260650.90 Disburs 2012	sement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	16320.88			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	112431.66			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Catherine T. Bye [Electronically Filed] Date 02	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

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Form/Schedule: SE Transaction ID: SE.4199

Change payee from UH Professional Assembly

Form/Schedule: SE Transaction ID: SE.4207

Change payee from UH Professional Assembly