## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼  C C00520262	
Check If X 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 Daylight Communications, Inc.  Mailing Address 96 County Road	10 / 31 / 2012	
City State Zip Code Ipswich MA 01938-2525	nount  977.54  nsaction ID : SE.4313  ought: House State: HI Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:  BARACK OBAMA  Check O	President Oppose	
for Office Sought 977.54	ement For: Primary General  Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Daylight Communications, Inc.  Mailing Address 96 County Road  An	10 / 31 / 2012 mount	
	977.54 Insaction ID : SE.4314	
Purpose of Expenditure Direct Mail Piece 'Hee/Our Way of Life' (included reference to Hirono)  Name of Federal Candidate Supported or Opposed by Expenditure:  Category/ Type  006	ought: House State: HI Senate District: President	
MAZIE K HIRONO Check O	One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General  Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	1955.08	
(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 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  Signature	19 2013	
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## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 2 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
University of Hawaii Professional Assembly	C C00520262	
Check If X 24-hour report 48-hour report New report Amends report	t filed on	
Full Name (Last, First, Middle Initial) of Payee	But	
Kristeen Hanselman	Date	
Mailing Address 1177 Mokuhana St #H102	10 31 2012	
Mailing Address 1177 Mokuhana St, #H102	Amount	
City State Zip Code	Allount	
Honolulu HI 96825	44.56	
Purpose of Expenditure Salary & benefits - 'Hee/Our Way of Life' (included reference to Type 001	Transaction ID : SE.4315  Office Sought: House State: HI  Senate District:	
Hirono)	President 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	Disbursement For: Primary General  Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Kristeen Hanselman	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1177 Mokuhana St, #H102	10 31 2012	
	Amount	
City State Zip Code	44.56	
Honolulu HI 96825	Transaction ID : SE.4316	
Purpose of Expenditure Salary & benefits - 'Hee/Our Way of Life' (reference made to Obama)  Category/ Type 001	Office Sought: House State: HI Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
BARACK OBAMA	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	89.12	
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
(a) TOTAL Independent Europelitures		
(c) TOTAL Independent Expenditures	·	
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	M = M / D = D / Y = Y = Y	
[Electronically Filed] Date	02 19 2013	
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## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 3 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
University of Hawaii Professional Assembly	C C00520262	
Check If X 24-hour report 48-hour report New report Amends report	ort filed on	
Full Name (Last, First, Middle Initial) of Payee US Postal Service	Date	
Mailing Address 3600 Aolele St	10 / 31 / 2012	
	Amount	
City State Zip Code Honolulu HI 96820	603.33 Transaction ID : SE.4317	
Purpose of Expenditure Postage for 'Hee/Our Way of Life' mailing (included reference to Hirono)  Category/ Type  006	Office Sought: House State: HI Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:  MAZIE K HIRONO	Check One: President Oppose	
Calendar Year-To-Date Per Election 5155.44	Disbursement For: Primary General  2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee US Postal Service	Date 10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 3600 Aolele St	Amount	
City State Zip Code Honolulu HI 96820	603.32	
Purpose of Expenditure Postage for 'Hee/Our Way of Life' mailing (included reference to Obama)  Category/ Type  006	Office Sought: House State: HI Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:  BARACK OBAMA	Check One: X Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	. 1206.65	
(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 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 Signature	02 19 2013	

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: 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.4317

Change payee from UH Professional Assembly

Form/Schedule: SE Transaction ID: SE.4318

Change payee from UH Professional Assembly