FEC FORM

STATEMENT OF ORGANIZATION

FORM 1		OHAM			1	FE Office Use Only
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example over the	e:If typing, type e lines.	12FE4M	turen y communica y
UNIVERSI	TY OF	HAWAII PR	OFESS	IONAL AS	SĘMB	LY
سيسيا						
ADDRESS (number a	and street)	1017 PALM	DR	 	1.1.1.1	
(Check if a is changed)		HONOLULU	 		HI	96814
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change) COMMITTEE'S WEE (Check if is change) 2. DATE O 3. FEC IDENTIFICATION	address address address address ad	www.uhpa.c				
4. IS THIS STATE	MENT	NEW (N) OR		AMENDED (A)		
Type or Print Name Signature of Treasure	of Treasurer er false, errone	Bolart V.	oney	the person signing the	Date O	5 0 1 2 0 1 3. to the penalties of 2 U.S.C. §437g.
Office Use Only			Fed Toli	r further information co deral Election Commission Free 800-424-9530 and 202-694-1100		FEC FORM 1 (Revised 02/2009)

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5.	TYPE	OF C	OMMITTEE					
	Can	didate	e Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name Cand			<u> </u>				
	Cand Party	idate Affiliati	on Office Sought: House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Part	y Con	nmittee:					
	(d)			Democratic, epublican, etc.) Party.				
	Polit	ical A	ction Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a				
			Corporation Corporation w/o Capital Stock	Labor Organization				
				_				
				Cooperative				
			In addition, this committee is a Lobbyist/Registraot PAC.					
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party				
			In addition, this committee ts a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Join	Joint Fundraising Representative:						
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a fedoral candidate.	or more political				
	(h)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
			Committees/organizations, note of which is an authorized committee of a federal candidate.					
		Com	mittees Participating in Joint Fundraiser	,				
		1.	FEC ID number C					
		2.	FEC ID number C					
		3.	FEC ID number C					
		4.						
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l	JNIVERSITY O	F HAWAII PROFESSIONAL ASSEMBLY	
6.	Name of Any Connected	Organization, Affiliated Committee, voint Fundraising Representative, or Leadership	PAC Sponsor
L	<u> </u>		<u> </u>
L			
	Mailing Address		
		CITY STATE ZI	P CODE
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor
	•		·
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in posse	ssion of committee
	Full Name		
	Mailing Address		
	-		
			. -
	Title or Position	CITY STATE ZI	P CODE
	The of Toshion	SINIE Z	CODE
		Telephone number	ـــــــا-لــــ
8.	Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name of Treasurer	ert Cooney	
	Mailing Address	_c/o,UHPA	
		1017, Palm, Dr	
		Honolulu 196814	. 1-1
			P CODE
	Title or Position	Telephone number 1808 - 1593	, - 2157 ,

9.

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Full Name of Designated Agent	
Mailing Address	
	TATE ZIP CODE
Title or Position	
Telephone numbe	, [
Banks or Other Depositories: List all banks or other depositories in which the committee safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	deposits funds, holds accounts, rents
Mailing Address	
CITY S	TATE ZIP CODE
Name of Bank, Depository, etc.	
Mailing Address	
CITY S	TATE ZIP CODE

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No Postmark				
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