FEC FORM 1	STATEMEN ORGANIZA			RECEIVED 7 12 MAY - 1 AM 9: 04
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	ng Litera. At actual
UNIVERSITY O	F HAWAII PROI	ESSIONAL AS	ŞĘMŖĻ	/
ADDRESS (number and street)		R 		
is changed)	HONOLULU			96814
COMMITTEE'S E-MAIL ADDRE (Check if address is changed)			STATE	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 04 ^M 22 3. FEC IDENTIFICATION N	I ^{°°} ′ Ž0 [°] 12 ′ ⊔MBER CTO	Be Assigned		
4. IS THIS STATEMENT	Paulette Feer		ls true, correct a Date Ö4 ^M	nd complete.
	ANY CHANGE IN INFORMATIO	N SHOULD BE REPORTED WI	THIN 10 DAYS.	
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

I

×.

ر

FEC Form 1 (Revised 02/2009)

I

5.	TYPE	OF CO	OMMITTEE
	Can	didate	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 Candi		L
	Candi Party	idate Affiliatio	on Office State State Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi	-	
	Part	y Com	mittee:
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
			This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(e)	1	Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	loin	Eund	raising Representative:
			This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	(g)		committee control control to the point of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	
		1.	
		2.	
		3.	
		4.	
		۴,	

٧

ż

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

UNIVERSITY OF HAWAII PROFESSIONAL ASSEMBLY

6. Name of Any Connected C)rga	ani	zat	ior	1, <i>I</i>	Aff	ilia	ite	d '(Co	m	mli	fei	9, 1	loì	nt	Fui	ndı	ais	sin	g'F	le p	re	se	nta	tív	e,	or	Le	ad	er	shi	p I	PA	C	Spo	ons	30r		
		ł		1							}																													
															1								L																	
Mailing Address	L							L																													L		L	l
	L				ļ					1																					1									
	L																	1						L						<u> </u>	I_	1	1		-		L	1	1	
										C	IT	1												S	TAT	Έ						Z	IP.	C	OD	E				
Relationship: Connected	i O t	rga	niz	atio	on	C	ŀ	\ffi	liat	ed	C	om	mi	tte	Э		իօ	int	Fı	Ind	rai	sin	g F	let	re	ser	ntat	ive]Le	ad	ers	shi	p F	PAC	S	por	nso	r

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Şawai		
Mailing Address			
-	1017, Palm, Dr		
	Honolulu		96814
Title or Position	CITY	STATE	ZIP CODE
Comptroller		Telephone number 808	³

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	
Mailing Address	ις/ο UHPA
	1017, Palm, Dr
	Honolulu [Honolulu
	CITY STATE ZIP CODE
Title or Position	Telephone_number8085932157

ī

		····	
Full Name of Designated Agent	<u> </u>		
Mailing Address			
Title or Position		one number	<u>ݐ</u> ┛᠆┠ݐ _┺ ݐ┛᠆┠ݐ┰ _┻
Banks or Other Depo safety deposit boxes o Name of Bank, Deposi		committee deposits	funds, holds accounts, rents
Ва	nk of Hawaii		
Mailing Address	111 S King St		
			 96813,]-
	CITY	STATE	ZIP CODE
Name of Bank, Depos	itory, etc.	- <u></u>	
L			
Mailing Address			
			LL
	CITY	STATE	ZIP CODE

j

Γ

ł

REPORT OF COMMUNICATION COSTS BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS

1. (a) NAME O	FORGANIZATION	Unive	rsity	of H	awaii	2. IDENTIFICATION N	UMBER	R (Assigned by FEC)
Profe	ssional As	sembly	4					
(b) ADDRES	S (Number and Stree	et)				3. TYPE OF ORGANIZ	ZATION	(Check Appropriate Box)
1017	Palm Dr	:						Trade Association
(c) CITY, ST	ATE AND ZIP CODE					Labor Organization		Cooperative
Honol	ulu, HI 9	6814				☐ Membership Qrgan	lization	Corporation without capital stock
	EPORT (Check One) il 15 Quarterly Repo		5 Quarterly	Report		r 15 Quarterly Report		
□ 12	Day Pre-General Ele	ction Report hel	d on	(date)	_ in the State of	·		
🗆 Jar	nuary 31 Year End Re	eport						
(b) Is this	Report an Amendme	ent? 🛛 Y	'ES	<u> </u>	0			
5. THIS REPOR	RT COVERS THE PE	RIOD		THR	DUGH			
		SL	JMMARY	OF COM	MUNICATION	I COSTS		
Type of Communica-	Class or Category Communicated	Date(s) of Communica-	Chec	k One		didate, Office Sought, State, and Whether for		Cost of Communication (Per Candidate)
tion	With	tion	Support	Oppose		or General Election		
Direct Mail	Executive/ Administrative	04/03/	x		Ed Co			
🗌 Telephone	Personnel	2012			Ed Ca US Se			\$2,899.11
T Televis a	Stockholders					ry Election		
Telegram .	🕅 Membars							
Other:								
(Specify)								
Direct Mail	Executive/ Administrative Personnel							
Telephone	Personnei							
Telegram	Stockholders		1					
	Members							
Other:								
(Specify)					1			
(NOTE: For add	itional communicatio	ns, attach separ	ate sheets	containing	the same infor	mation as above.)		
			TOTAL	COMMUN	CATION COST	S FOR THIS PERIOD	\$	2,899.11
I certi	ly that I have exam	ined this repo	rt and, to	the best of	of my knowled	ge and belief, it is true,	correc	t and complete.
Paule	tte Feeney			Dou	tetto F	Reven		04/24/2012
T	Type or Print Name	us, or incomplete	•			signated to Sign This Report signing this report to per	alties of	Date
WHERE TO F Federa 999 E		ission		<u></u>	FOR FURT Fed Toll	HER INFORMATION (eral Election Commis Free: 800-424-9530 al: 202-694-1100	CONTA	

FE1AN069.PDF

FEC FORM 7 (2/2001)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 4/25-/12
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Con	firmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	Receipt or Postmarked
fen N	5/1/12
(3/2005)	DATE PREPARED

12030800232

ţ