24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C C00520262
Check If 24-hour report	on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Dean Lucas Mailing Address 157 Kihapai St	Date
Purpose of Expenditure Category/ Office	Amount 14162.52 Transaction ID : SE.4147 e Sought: House State: HI
Name of Federal Candidate Supported or Opposed by Expenditure: MULIUFI F 'MUFI' HANNEMANN Check	Senate District: 02 President Support Oppose
Calendar Year-To-Date Per Election for Office Sought 16980.68 2012 Full Name (Last, First, Middle Initial) of Payee	ursement For: Primary General Other (specify)
Mailing Address	Date M M / D D / Y Y Y Y Y Amount
City State Zip Code	
Name of Federal Candidate Supported or Opposed by Expenditure:	e Sought: House State: Senate District: President
	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	14162.52
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	14162.52
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	7 19 2012