



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

University of Hawaii Professional Assembly

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="71760.00"/>	<input type="text" value="71760.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="71760.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="67699.68"/>	<input type="text" value="67699.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="139459.68"/>	<input type="text" value="139459.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="113802.79"/>	<input type="text" value="113802.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="25656.89"/>	<input type="text" value="25656.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate 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)

Page 3

Write or Type Committee Name

**University of Hawaii Professional Assembly**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	67699.68	67699.68
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	67699.68	67699.68
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	67699.68	67699.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	67699.68	67699.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67699.68	67699.68

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	113802.79	113802.79
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	113802.79	113802.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	113802.79	113802.79

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	67699.68	67699.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67699.68	67699.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**University of Hawaii Professional Assembly**

Full Name (Last, First, Middle Initial)  
**A. University of Hawaii Professional Assembly**

Mailing Address 1017 Palm Drive

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2012

**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period  
 1760.00

Deposit from general treasury

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. University of Hawaii Professional Assembly**

Mailing Address 1017 Palm Drive

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2012

**Transaction ID : SA11AI.4285**

Amount of Each Receipt this Period  
 9127.50

Deposit from general treasury

Full Name (Last, First, Middle Initial)  
**C. University of Hawaii Professional Assembly**

Mailing Address 1017 Palm Drive

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2012

**Transaction ID : SA11AI.4288**

Amount of Each Receipt this Period  
 9145.00

Deposit from general treasury

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 18272.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**University of Hawaii Professional Assembly**

Full Name (Last, First, Middle Initial)  
**A. University of Hawaii Professional Assembly**

Mailing Address 1017 Palm Drive

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 32247.18

Date of Receipt  
 04 / 30 / 2012  
**Transaction ID : SA11AI.4265**

Amount of Each Receipt this Period  
 13974.68

Deposit from general treasury

Full Name (Last, First, Middle Initial)  
**B. University of Hawaii Professional Assembly**

Mailing Address 1017 Palm Drive

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 41377.18

Date of Receipt  
 05 / 04 / 2012  
**Transaction ID : SA11AI.4266**

Amount of Each Receipt this Period  
 9130.00

Deposit from general treasury

Full Name (Last, First, Middle Initial)  
**C. University of Hawaii Professional Assembly**

Mailing Address 1017 Palm Drive

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 50499.68

Date of Receipt  
 05 / 18 / 2012  
**Transaction ID : SA11AI.4267**

Amount of Each Receipt this Period  
 9122.50

Deposit from general treasury

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 32227.18

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**University of Hawaii Professional Assembly**

Full Name (Last, First, Middle Initial)  
**A. University of Hawaii Professional Assembly**

Mailing Address 1017 Palm Drive

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
59639.68

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.4268**

Amount of Each Receipt this Period  
9140.00

Deposit from general treasury

Full Name (Last, First, Middle Initial)  
**B. University of Hawaii Professional Assembly**

Mailing Address 1017 Palm Drive

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
67699.68

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : SA11AI.4269**

Amount of Each Receipt this Period  
8060.00

Deposit from general treasury

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	17200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	67699.68



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>University of Hawaii Professional Assembly</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00520262</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>CyberCom, Inc.</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">M M</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">D D</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">Y Y Y Y</span> </div>
Mailing Address <b>PO Box 240596</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">2094.24</span> </div>
City <b>Honolulu</b> State <b>HI</b> Zip Code <b>96824-0596</b>	<b>Transaction ID : SE.4134</b>	
Purpose of Expenditure <b>Website &amp; YouTube videos</b>	Category/Type <b>006</b>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>HI</b> <input type="checkbox"/> Senate      District: <b>02</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MULIUFI F 'MUFI' HANNEMANN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">2818.16</span> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>CyberCom, Inc.</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">M M</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">D D</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">Y Y Y Y</span> </div>
Mailing Address <b>PO Box 240596</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1832.46</span> </div>
City <b>Honolulu</b> State <b>HI</b> Zip Code <b>96824-0596</b>	<b>Transaction ID : SE.4135</b>	
Purpose of Expenditure <b>Website &amp; YouTube videos</b>	Category/Type <b>006</b>	Office Sought: <input type="checkbox"/> House      State: <b>HI</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>EDWARD ESPENETT CASE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">109759.86</span> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">3926.70</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

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 12 / 13 / 2012

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>University of Hawaii Professional Assembly</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00520262
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Dean Lucas</b>		Date MM / DD / YYYY <b>06 / 18 / 2012</b>
Mailing Address <b>157 Kihapai St</b>		Amount <b>30000.00</b>
City <b>Kailua</b>	State <b>HI</b>	
Zip Code <b>96734</b>	Transaction ID : <b>SE.4112</b>	
Purpose of Expenditure <b>Radio Ads (began airing 07/09/12)</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>HI</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>EDWARD ESPENETT CASE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>107384.46</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Kristeen Hanselman</b>		Date MM / DD / YYYY <b>04 / 30 / 2012</b>
Mailing Address <b>1177 Mokuhana St, #H102</b>		Amount <b>668.06</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96825</b>	Transaction ID : <b>SE.4136</b>	
Purpose of Expenditure <b>Time spent on survey setup, website, voter file issues, misc</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>HI</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>EDWARD ESPENETT CASE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2842.08</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>30668.06</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> 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*  
Signature

[Electronically Filed] Date **12 / 13 / 2012**





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>University of Hawaii Professional Assembly</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00520262
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Communication Solutions, LLC</b>		Date <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>04 / 30 / 2012</b>
Mailing Address <b>PO Box 283137</b>		Amount <span style="float:right">2174.02</span>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96828-3137</b>	<b>Transaction ID : SE.4130</b>	
Purpose of Expenditure <b>Website discussions, review survey, write candidate msg to test with focus grp</b>	Category/Type <b>006</b>	Office Sought: <input type="checkbox"/> House State: <b>HI</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>EDWARD ESPENETT CASE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">2174.02</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Communication Solutions, LLC</b>		Date <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>05 / 31 / 2012</b>
Mailing Address <b>PO Box 283137</b>		Amount <span style="float:right">3664.92</span>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96828-3137</b>	<b>Transaction ID : SE.4131</b>	
Purpose of Expenditure <b>Review mtg notes, participate in focus grp mtgs, contact media for ad rates</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House State: <b>HI</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>EDWARD ESPENETT CASE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">6507.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="float:right">5838.94</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="float:right"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="float:right"> </span>

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.

Signature Catherine T. Bye [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**12 / 13 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>University of Hawaii Professional Assembly</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00520262
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Communication Solutions, LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 30 / 2012</b>
Mailing Address <b>PO Box 283137</b>		Amount <span style="margin-left: 20px;">M M M M M M . M M</span> <b>542.94</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96828-3137</b>	<b>Transaction ID : SE.4132</b>	
Purpose of Expenditure Discuss tv schedule, coordinate radio schedule, discuss tv buys	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House State: <b>HI</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>EDWARD ESPENETT CASE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">M M M M M M . M M</span> <b>107927.40</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Communication Solutions, LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 30 / 2012</b>
Mailing Address <b>PO Box 283137</b>		Amount <span style="margin-left: 20px;">M M M M M M . M M</span> <b>723.92</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96828-3137</b>	<b>Transaction ID : SE.4133</b>	
Purpose of Expenditure Coordinate media buys	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>HI</b> <input type="checkbox"/> Senate District: <b>02</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MULIUIFI F 'MUFU' HANNEMANN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">M M M M M M . M M</span> <b>723.92</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">M M M M M M . M M</span> <b>1266.86</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;">M M M M M M . M M</span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;">M M M M M M . M M</span> <b>113802.79</b>

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 M M M / D D D / Y Y Y Y Y Y  
**12 / 13 / 2012**

Signature