

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 University of Hawaii Professional Assembly

ADDRESS (number and street) 1017 Palm Drive Honolulu HI 96814

2. FEC IDENTIFICATION NUMBER C C00520262 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) through Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 07 / 23 / 2012 through 09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Catherine T. Bye

Signature of Treasurer Catherine T. Bye [Electronically Filed] Date 10 / 15 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="-221441.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(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="-221441.00"/>	<input type="text" value="0.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60779.49"/>	<input type="text" value="282220.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="-282220.49"/>	<input type="text" value="-282220.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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)

Write or Type Committee Name

University of Hawaii Professional Assembly

Report Covering the Period: From: 07 / 23 / 2012 To: 09 / 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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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))..... ▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	-51652.17	-3134.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-51652.17	-3134.45
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)	112431.66	285354.94
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)) ..	60779.49	282220.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60779.49	282220.49

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-51652.17	-3134.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-51652.17	-3134.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. KHON

Mailing Address 88 Piikoi St

City Honolulu State HI Zip Code 96814

Purpose of Disbursement
Reverse prepayment of independent expenditure

004

Candidate Name

EDWARD ESPENETT CASE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 00

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2012

Transaction ID : SB21B.4190

Amount of Each Disbursement this Period

-15038.89

Full Name (Last, First, Middle Initial)

B. KITV4

Mailing Address 801 S King St

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Reverse prepayment of independent expenditure

004

Candidate Name

EDWARD ESPENETT CASE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 00

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2012

Transaction ID : SB21B.4193

Amount of Each Disbursement this Period

-3404.45

Full Name (Last, First, Middle Initial)

C. KITV4

Mailing Address 801 S King St

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Reverse prepayment of independent expenditure

004

Candidate Name

EDWARD ESPENETT CASE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 00

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2012

Transaction ID : SB21B.4191

Amount of Each Disbursement this Period

-6786.65

SUBTOTAL of Disbursements This Page (optional)..... ▶

-25229.99

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. KITV4

Mailing Address 801 S King St

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Reverse prepayment of independent expenditure

Category/
Type

Candidate Name

EDWARD ESPENETT CASE

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 00

Date of Disbursement

/ /

Transaction ID : SB21B.4192

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly		FEC IDENTIFICATION NUMBER C 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 Cardinal Services Ltd.		Date MM / DD / YYYY 08 / 10 / 2012
Mailing Address 197 Sand Island Access Rd, Unit A		Amount 469.34
City Honolulu	State HI	Zip Code 96819
Purpose of Expenditure Freight charges for Case mailing #1 & 3	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261120.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4215

Full Name (Last, First, Middle Initial) of Payee Daylight Communications, Inc.		Date MM / DD / YYYY 07 / 23 / 2012
Mailing Address 96 County Road		Amount 12091.03
City Ipswich	State MA	Zip Code 01938-2525
Purpose of Expenditure Direct mail piece 'Difference'	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 166763.83		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4143

(a) SUBTOTAL of Itemized Independent Expenditures.....	12560.37
(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

MM / DD / YYYY
10 / 15 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Daylight Communications, Inc.		Date M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2012
Mailing Address 96 County Road		Amount M M M M M M . M M 12091.03
City Ipswich	State MA	
Zip Code 01938-2525		Transaction ID : SE.4206
Purpose of Expenditure Direct mail piece 'Lingle'	Category/ Type M M M 006	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 249446.95		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Dean Lucas		Date M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2012
Mailing Address 157 Kihapai St		Amount M M M M M M . M M 7500.00
City Kailua	State HI	
Zip Code 96734		Transaction ID : SE.4158
Purpose of Expenditure TV Consulting from 07/30/12	Category/ Type M M M 004	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 189572.72		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	M M M M M M . M M 19591.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	M M M M M M . M M
(c) TOTAL Independent Expenditures.....▶	M M M M M M . M M

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 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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	

Full Name (Last, First, Middle Initial) of Payee Dean Lucas		Date MM / DD / YYYY 07 / 24 / 2012
Mailing Address 157 Kihapai St		Amount 1847.12
City Kailua	State HI	
Zip Code 96734	Transaction ID : SE.4165	
Purpose of Expenditure Consulting services from 07/26/12	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 211735.28		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee KGMB		Date MM / DD / YYYY 07 / 24 / 2012
Mailing Address 420 Waiakamilo Rd, #205		Amount 16452.61
City Honolulu	State HI	
Zip Code 96817	Transaction ID : SE.4169	
Purpose of Expenditure Television Ad (begins airing 07/23/12)	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 228187.89		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	18299.73
(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

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 15 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly
FEC IDENTIFICATION NUMBER C C00520262
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee KHNL
Mailing Address 420 Waiakamilo Rd, #205
City Honolulu State HI Zip Code 96817
Purpose of Expenditure Television Ad (begins airing 07/23/12)
Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE
Calendar Year-To-Date Per Election for Office Sought 229077.94

Date 07 / 24 / 2012
Amount 890.05
Transaction ID : SE.4170
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General Other (specify)

Full Name (Last, First, Middle Initial) of Payee KHON
Mailing Address 88 Piikoi St
City Honolulu State HI Zip Code 96814
Purpose of Expenditure Television Ads (begin airing on 07/30/12)
Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE
Calendar Year-To-Date Per Election for Office Sought 182072.72

Date 07 / 23 / 2012
Amount 15308.89
Transaction ID : SE.4144
Office Sought: House Senate President
Check One: Support Oppose
Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 16198.94; (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
Signature [Electronically Filed] Date 10 / 15 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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	

Full Name (Last, First, Middle Initial) of Payee KHON		Date MM / DD / YYYY 07 / 24 / 2012
Mailing Address 88 Piikoi St		Amount 3293.19
City Honolulu	State HI	
Zip Code 96814	Transaction ID : SE.4164	
Purpose of Expenditure Television ad (begins airing on 07/26/12)	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 209888.16		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee KITV4		Date MM / DD / YYYY 07 / 23 / 2012
Mailing Address 801 S King St		Amount 6786.65
City Honolulu	State HI	
Zip Code 96813	Transaction ID : SE.4161	
Purpose of Expenditure TV ad (begins airing 07/30/12)	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 196359.37		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	10079.84
(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
Signature _____ [Electronically Filed] Date **10 / 15 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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	

Full Name (Last, First, Middle Initial) of Payee KITV4		Date MM / DD / YYYY 07 / 23 / 2012
Mailing Address 801 S King St		Amount 6831.15
City Honolulu	State HI	
Zip Code 96813	Transaction ID : SE.4162	
Purpose of Expenditure TV ad (begins airing 08/06/12)	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 203190.52		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee KITV4		Date MM / DD / YYYY 07 / 23 / 2012
Mailing Address 801 S King St		Amount 3404.45
City Honolulu	State HI	
Zip Code 96813	Transaction ID : SE.4163	
Purpose of Expenditure Television Ads (begins airing 07/26/12)	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 206594.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10235.60
(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

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 15 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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	

Full Name (Last, First, Middle Initial) of Payee Strategic Communication Solutions, LLC		Date MM / DD / YYYY 07 / 31 / 2012
Mailing Address PO Box 283137		Amount 1564.33
City Honolulu	State HI	
Zip Code 96828-3137	Transaction ID : SE.4217	
Purpose of Expenditure Discuss political messaging,	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 251011.28		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Strategic Communication Solutions, LLC		Date MM / DD / YYYY 07 / 31 / 2012
Mailing Address PO Box 283137		Amount 223.48
City Honolulu	State HI	
Zip Code 96828-3137	Transaction ID : SE.4218	
Purpose of Expenditure Direct Mail	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LINDA LINGLE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 251234.76		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1787.81
(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

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 15 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
University of Hawaii Professional Assembly
FEC IDENTIFICATION NUMBER
C C00520262
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Strategic Communication Solutions, LLC

Date
08 / 31 / 2012

Mailing Address PO Box 283137

Amount
152.71
Transaction ID : SE.4220

City State Zip Code
Honolulu HI 96828-3137

Purpose of Expenditure
Advertising
Category/Type
004

Office Sought:
House
[X] Senate
President
State: HI
District:

Name of Federal Candidate Supported or Opposed by Expenditure:
EDWARD ESPENETT CASE

Check One:
[X] Support
Oppose

Calendar Year-To-Date Per Election for Office Sought
261272.95

Disbursement For:
[X] Primary
General
Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Strategic Communication Solutions, LLC

Date
08 / 31 / 2012

Mailing Address PO Box 283137

Amount
1832.46
Transaction ID : SE.4221

City State Zip Code
Honolulu HI 96828-3137

Purpose of Expenditure
News release
Category/Type
004

Office Sought:
House
[X] Senate
President
State: HI
District:

Name of Federal Candidate Supported or Opposed by Expenditure:
MAZIE K HIRONO

Check One:
[X] Support
Oppose

Calendar Year-To-Date Per Election for Office Sought
1832.46

Disbursement For:
Primary
[X] General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 1985.17

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

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Catherine T. Bye

[Electronically Filed]

Date
10 / 15 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
University of Hawaii Professional Assembly
FEC IDENTIFICATION NUMBER
C C00520262
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Strategic Communication Solutions, LLC

Date
08 / 31 / 2012

Mailing Address PO Box 283137

Amount
916.23
Transaction ID : SE.4223

City Honolulu State HI Zip Code 96828-3137

Purpose of Expenditure News Release Category/Type 004

Office Sought: [X] House [] Senate [] President State: HI District: 02

Name of Federal Candidate Supported or Opposed by Expenditure: TULSI GABBARD

Check One: [X] Support [] Oppose

Calendar Year-To-Date Per Election for Office Sought 916.23

Disbursement For: [] Primary [X] General 2012 [] Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Strategic Communication Solutions, LLC

Date
09 / 30 / 2012

Mailing Address PO Box 283137

Amount
1365.34
Transaction ID : SE.4225

City Honolulu State HI Zip Code 96828-3137

Purpose of Expenditure Draft endorsement & discuss website Category/Type 004

Office Sought: [] House [X] Senate [] President State: HI District:

Name of Federal Candidate Supported or Opposed by Expenditure: MAZIE K HIRONO

Check One: [X] Support [] Oppose

Calendar Year-To-Date Per Election for Office Sought 3290.59

Disbursement For: [] Primary [X] General 2012 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 2281.57
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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Catherine T. Bye [Electronically Filed] Date 10 / 15 / 2012
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Strategic Communication Solutions, LLC		Date M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address PO Box 283137		Amount 359.30
City Honolulu	State HI	
Zip Code 96828-3137	Transaction ID : SE.4226	
Purpose of Expenditure Endoresemtn & discuss website changes	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TULSI GABBARD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1368.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2012
Mailing Address 1017 Palm Drive		Amount 8277.98
City Honolulu	State HI	
Zip Code 96814	Transaction ID : SE.4199	
Purpose of Expenditure Postage for Ed Case mailing #2	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 237355.92		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8637.28
(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 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2012

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2012
Mailing Address 1017 Palm Drive		Amount 1076.32
City Honolulu	State HI Zip Code 96814	
Purpose of Expenditure Staff work on messaging, tv media schedule, etc	Category/Type 001	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 252311.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4227

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2012
Mailing Address 1017 Palm Drive		Amount 296.92
City Honolulu	State HI Zip Code 96814	
Purpose of Expenditure Mailing & tv spot	Category/Type 001	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LINDA LINGLE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 252608.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4228

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1373.24
(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
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2012
Mailing Address 1017 Palm Drive		Amount 259.80
City Honolulu	State HI	
Zip Code 96814	Transaction ID : SE.4229	
Purpose of Expenditure Radio Spot, misc	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MULIUFI F 'MUFI' HANNEMANN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18287.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date M M M / D D D / Y Y Y Y Y Y 08 / 03 / 2012
Mailing Address 1017 Palm Drive		Amount 8042.90
City Honolulu	State HI	
Zip Code 96814	Transaction ID : SE.4207	
Purpose of Expenditure Postage for direct mail piece 'Lingle'	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 260650.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8302.70
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Catherine T. Bye

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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	

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date MM / DD / YYYY 08 / 31 / 2012
Mailing Address 1017 Palm Drive		Amount 408.26
City Honolulu	State HI	
Zip Code 96814	Transaction ID : SE.4230	
Purpose of Expenditure TV schedule, mailings, misc	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261681.21		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date MM / DD / YYYY 08 / 31 / 2012
Mailing Address 1017 Palm Drive		Amount 111.34
City Honolulu	State HI	
Zip Code 96814	Transaction ID : SE.4231	
Purpose of Expenditure TV spot, mailing, misc	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LINDA LINGLE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261792.55		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	519.60
(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]

Signature _____ Date **10 / 15 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2012
Mailing Address 1017 Palm Drive		Amount 92.79
City Honolulu	State HI Zip Code 96814	
Purpose of Expenditure News release & misc	Category/Type 001	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MAZIE K HIRONO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1925.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2012
Mailing Address 1017 Palm Drive		Amount 92.79
City Honolulu	State HI Zip Code 96814	
Purpose of Expenditure News Release & misc	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TULSI GABBARD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1009.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	185.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Catherine T. Bye
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 1017 Palm Drive		Amount 283.98
City Honolulu State HI Zip Code 96814	Transaction ID : SE.4234	
Purpose of Expenditure Redesign website, misc	Category/Type 001	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MAZIE K HIRONO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3574.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee University of Hawaii Professional Assembly		Date M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 1017 Palm Drive		Amount 109.22
City Honolulu State HI Zip Code 96814	Transaction ID : SE.4235	
Purpose of Expenditure Redesign website, misc	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TULSI GABBARD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1477.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	393.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	112431.66

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 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2012