

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

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: 2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> C00520262         </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Stuart Yamane Creative Services, LLC</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">16</span> / <span style="font-size: 1.2em;">2012</span> </div>
Mailing Address 1655 Makaloa St, #1304		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1047.12</div>
City Honolulu	State HI	
Zip Code 96814	<b>Transaction ID : SE.4260</b>	
Purpose of Expenditure Production Costs	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02
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 <span style="border: 1px solid black; padding: 2px;">4087.96</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		Date
Mailing Address		Amount
City	State	
Zip Code	<b>Transaction ID : SE.4260</b>	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	1047.12
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
<b>(c) TOTAL</b> Independent Expenditures.....	▶	1047.12

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