

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

Check if different than previously reported. (ACC) Honolulu HI 96814

2. **FEC IDENTIFICATION NUMBER ▼** C C00520262 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 08 / 11 / 2012 in the State of HI

(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 07 / 01 / 2012 through 07 / 22 / 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 12 / 13 / 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="71760.00"/>	<input type="text" value="71760.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25656.89"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="151507.00"/>	<input type="text" value="219206.68"/>
(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="177163.89"/>	<input type="text" value="290966.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="107638.21"/>	<input type="text" value="221441.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69525.68"/>	<input type="text" value="69525.68"/>
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

Write or Type Committee Name

University of Hawaii Professional Assembly

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

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).....	151507.00	219206.68
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	151507.00	219206.68
(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)	151507.00	219206.68
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))..... ▶	151507.00	219206.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	151507.00	219206.68

DETAILED SUMMARY PAGE

of Disbursements

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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	48517.72	48517.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	48517.72	48517.72
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)	59120.49	172923.28
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)) ..	107638.21	221441.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107638.21	221441.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	151507.00	219206.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	151507.00	219206.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	48517.72	48517.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	48517.72	48517.72

**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 13
(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 ▼
 75746.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2012

Transaction ID : SA11AI.4294

Amount of Each Receipt this Period
 8047.00

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 ▼
 219206.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period
 143460.00

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

SUBTOTAL of Receipts This Page (optional).....▶	151507.00
TOTAL This Period (last page this line number only).....▶	151507.00

**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

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

Full Name (Last, First, Middle Initial)

A. Daylight Communications, Inc.

Mailing Address 96 County Road

City Ipswich State MA Zip Code 01938-2525

Purpose of Disbursement
Prepayment for independent expenditure (aired at a later date)

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 / 16 / 2012

Transaction ID : SB21B.4181

Amount of Each Disbursement this Period

12091.03

Full Name (Last, First, Middle Initial)

B. Dean Lucas

Mailing Address 157 Kihapai St

City Kailua State HI Zip Code 96734

Purpose of Disbursement
Prepayment for independent expenditure (aired at a later date)

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 / 10 / 2012

Transaction ID : SB21B.4182

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. KHON

Mailing Address 88 Piikoi St

City Honolulu State HI Zip Code 96814

Purpose of Disbursement
Prepayment for independent expenditure (aired at a later date)

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 / 16 / 2012

Transaction ID : SB21B.4183

Amount of Each Disbursement this Period

15308.89

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

34899.92

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4181

Prepayment aired at a later date.

Form/Schedule: SB21B

Transaction ID: SB21B.4182

Prepayment aired at a later date.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4183

Prepayment aired at a later date.

Form/Schedule:

Transaction ID:

**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

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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
Prepayment for independent expenditure (aired at a later date)

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

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SB21B.4184

Amount of Each Disbursement this Period

6786.65

Full Name (Last, First, Middle Initial)

B. KITV4

Mailing Address 801 S King St

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Prepayment for independent expenditure (aired at a later date)

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

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SB21B.4186

Amount of Each Disbursement this Period

6831.15

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

13617.80

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

48517.72

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
Daylight Communications, Inc.
Mailing Address 96 County Road
City Ipswich State MA Zip Code 01938-2525
Amount 12091.03
Transaction ID : SE.4151
Purpose of Expenditure Direct Mail 'Always True' Category/Type 006
Office Sought: Senate District:
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE
Calendar Year-To-Date Per Election for Office Sought 122852.98
Disbursement For: Primary General 2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Dean Lucas
Mailing Address 157 Kihapai St
City Kailua State HI Zip Code 96734
Amount 14162.52
Transaction ID : SE.4145
Purpose of Expenditure Radio ads (begins airing on 07/18/12) Category/Type 004
Office Sought: House Senate District: 02
Check One: Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MULIUPI F 'MUFU' HANNEMANN
Calendar Year-To-Date Per Election for Office Sought 18250.48
Disbursement For: Primary General 2012 Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 26253.55
(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 12/13/2012
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	

Full Name (Last, First, Middle Initial) of Payee Stuart Yamane Creative Services, LLC		Date MM / DD / YYYY 07 / 16 / 2012
Mailing Address 1655 Makaloa St, #1304		Amount 23560.20
City Honolulu	State HI	
Zip Code 96814	Transaction ID : SE.4155	
Purpose of Expenditure Production cost for 6 ads	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 146413.18		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Stuart Yamane Creative Services, LLC		Date MM / DD / YYYY 07 / 16 / 2012
Mailing Address 1655 Makaloa St, #1304		Amount 1047.12
City Honolulu	State HI	
Zip Code 96814	Transaction ID : SE.4157	
Purpose of Expenditure Production Costs	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: MULIUIFI F 'MUFI' HANNEMANN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4087.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24607.32
(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 **12 / 13 / 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 US Postal Service		Date MM / DD / YYYY 07 / 20 / 2012
Mailing Address 3600 Aolele St		Amount 8259.62
City Honolulu	State HI	
Zip Code 96820	Transaction ID : SE.4153	
Purpose of Expenditure Postage for mailing	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 154672.80		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 MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure	Category/ Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8259.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	59120.49

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
12 / 13 / 2012