

# 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 ▼** 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 M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2012 through M M M / D D D / Y Y Y Y Y Y 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 M M M / D D D / Y Y Y Y Y Y 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"/>		71760.00
(b) Cash on Hand at Beginning of Reporting Period.....	69525.68	
(c) Total Receipts (from Line 19) .....	0.00	219206.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	69525.68	290966.68
7. Total Disbursements (from Line 31).....	63913.94	285354.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5611.74	5611.74
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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:  /  /  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).....	0.00	219206.68
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	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) .....	0.00	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))..... ▶	0.00	219206.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	219206.68

**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 .....	-48517.72	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	-48517.72	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) .....	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)) ..	63913.94	285354.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63913.94	285354.94

**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	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) .....	0.00	219206.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	-48517.72	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) .....	-48517.72	0.00

# 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

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

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 M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

Transaction ID : SB21B.4191

Amount of Each Disbursement this Period

-6786.65
----------

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

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

Amount of Each Disbursement this Period

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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

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

Amount of Each Disbursement this Period

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

-6786.65
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**TOTAL** This Period (last page this line number only)..... ▶

-6786.65
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4191

Reversal of prepaid expenditure paid in the prior reporting period but aired in this reporting period.

Form/Schedule:

Transaction ID:

**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	

Full Name (Last, First, Middle Initial) of Payee <b>Cardinal Services Ltd.</b>		Date MM / DD / YYYY <b>08 / 10 / 2012</b>
Mailing Address 197 Sand Island Access Rd, Unit A		Amount <b>469.34</b>
City Honolulu	State HI	Zip Code 96819
Purpose of Expenditure Freight charges for Case mailing #1 & 3	Category/Type <b>006</b>	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 <b>261120.24</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

**Transaction ID : SE.4215**

Full Name (Last, First, Middle Initial) of Payee <b>Daylight Communications, Inc.</b>		Date MM / DD / YYYY <b>07 / 23 / 2012</b>
Mailing Address 96 County Road		Amount <b>12091.03</b>
City Ipswich	State MA	Zip Code 01938-2525
Purpose of Expenditure Direct mail piece 'Difference'	Category/Type <b>006</b>	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 <b>166763.83</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

**Transaction ID : SE.4143**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>12560.37</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>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 MM / DD / YYYY **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> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold;">C</span> C00520262         </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>Daylight Communications, Inc.</b>		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">07 / 30 / 2012</div>
Mailing Address 96 County Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12091.03</div>
City Ipswich	State MA	
Zip Code 01938-2525		<b>Transaction ID : SE.4206</b>
Purpose of Expenditure Direct mail piece 'Lingle'	Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div>	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 <div style="border: 1px solid black; padding: 2px; text-align: right;">249446.95</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>Dean Lucas</b>		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">07 / 23 / 2012</div>
Mailing Address 157 Kihapai St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>
City Kailua	State HI	
Zip Code 96734		<b>Transaction ID : SE.4158</b>
Purpose of Expenditure TV Consulting from 07/30/12	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	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 <div style="border: 1px solid black; padding: 2px; text-align: right;">189572.72</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">19591.03</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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  
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> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; 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>Dean Lucas</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 157 Kihapai St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1847.12</span> </div>
City State Zip Code Kailua HI 96734	<b>Transaction ID : SE.4165</b>	
Purpose of Expenditure Consulting services from 07/26/12	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	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 <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">211735.28</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>Kristeen Hanselman</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 1177 Mokuhana St, #H102		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1076.32</span> </div>
City State Zip Code Honolulu HI 96825	<b>Transaction ID : SE.4227</b>	
Purpose of Expenditure Time spent on messaging, tv media schedule, etc	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	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 <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">252311.08</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;">2923.44</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*
Date M M / D D / Y Y Y Y

Signature \_\_\_\_\_
[Electronically Filed]

**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	

Full Name (Last, First, Middle Initial) of Payee <b>Kristeen Hanselman</b>		Date MM / DD / YYYY <b>07 / 31 / 2012</b>
Mailing Address <b>1177 Mokuhana St, #H102</b>		Amount <b>296.92</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96825</b>	<b>Transaction ID : SE.4228</b>	
Purpose of Expenditure Time spent on preparing mailing & tv spot	Category/ Type <b>001</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>LINDA LINGLE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>252608.00</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>07 / 31 / 2012</b>
Mailing Address <b>1177 Mokuhana St, #H102</b>		Amount <b>259.80</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96825</b>	<b>Transaction ID : SE.4229</b>	
Purpose of Expenditure Time spent on coordinating radio spot	Category/ Type <b>001</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>MULIUF I F 'MUFI' HANNEMANN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>18510.28</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.....	<b>556.72</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>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 MM / DD / YYYY **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	

Full Name (Last, First, Middle Initial) of Payee <b>Kristeen Hanselman</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>1177 Mokuhana St, #H102</b>		Amount <b>408.26</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96825</b>	<b>Transaction ID : SE.4230</b>	
Purpose of Expenditure Time spent on coordinating TV schedule, mailings, & misc	Category/ Type <b>001</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 <b>261681.21</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>08 / 31 / 2012</b>
Mailing Address <b>1177 Mokuhana St, #H102</b>		Amount <b>111.34</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96825</b>	<b>Transaction ID : SE.4231</b>	
Purpose of Expenditure Time spent on coordinating TV spot, mailing, & misc	Category/ Type <b>001</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>LINDA LINGLE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>261792.55</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.....▶	<b>519.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>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 MM / DD / YYYY **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> <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>Kristeen Hanselman</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 1177 Mokuhana St, #H102		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">92.79</span> </div>
City Honolulu      State HI      Zip Code 96825	<b>Transaction ID : SE.4232</b>	
Purpose of Expenditure Time spent on coordinating News release & misc	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	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 <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1925.25</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Kristeen Hanselman</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 1177 Mokuhana St, #H102		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">92.79</span> </div>
City Honolulu      State HI      Zip Code 96825		<b>Transaction ID : SE.4233</b>
Purpose of Expenditure Time spent on preparing News Release & misc	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	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 <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1009.02</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;">185.58</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></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*  
 Signature \_\_\_\_\_ [Electronically Filed]      Date M M / 
 D D / 
 Y Y Y Y

**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>Kristeen Hanselman</b>		Date MM / DD / YYYY 09 / 30 / 2012
Mailing Address 1177 Mokuhana St, #H102		Amount 283.98
City Honolulu State HI Zip Code 96825	Transaction ID : SE.4234	
Purpose of Expenditure Time spent on redesign of 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 <b>Kristeen Hanselman</b>		Date MM / DD / YYYY 09 / 30 / 2012
Mailing Address 1177 Mokuhana St, #H102		Amount 109.22
City Honolulu State HI Zip Code 96825	Transaction ID : SE.4235	
Purpose of Expenditure Time spent on redesign of website & misc work	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.....	

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 MM / DD / YYYY 12 / 13 / 2012

**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 C00520262</b>
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>KGMB</b>		Date MM / DD / YYYY <b>07 / 24 / 2012</b>
Mailing Address <b>420 Waiakamilo Rd, #205</b>		Amount <b>16452.61</b>
City <b>Honolulu</b>	State <b>HI</b>	Zip Code <b>96817</b>
Purpose of Expenditure <b>Television Ad (begins airing 07/23/12)</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>228187.89</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4169

Full Name (Last, First, Middle Initial) of Payee <b>KHNL</b>		Date MM / DD / YYYY <b>07 / 24 / 2012</b>
Mailing Address <b>420 Waiakamilo Rd, #205</b>		Amount <b>890.05</b>
City <b>Honolulu</b>	State <b>HI</b>	Zip Code <b>96817</b>
Purpose of Expenditure <b>Television Ad (begins airing 07/23/12)</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>229077.94</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4170

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>17342.66</b>
(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) <b>University of Hawaii Professional Assembly</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; 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>KHON</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>88 Piikoi St</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">15308.89</span> </div>
City <b>Honolulu</b> State <b>HI</b> Zip Code <b>96814</b>	
Purpose of Expenditure <b>Television Ads (begin airing on 07/30/12)</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"><b>004</b></span>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>EDWARD ESPENETT CASE</b>	
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;">182072.72</span> </div>	Office Sought: <input type="checkbox"/> House    State: <b>HI</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : SE.4144**

Full Name (Last, First, Middle Initial) of Payee <b>KHON</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>88 Piikoi St</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">3293.19</span> </div>
City <b>Honolulu</b> State <b>HI</b> Zip Code <b>96814</b>	
Purpose of Expenditure <b>Television ad (begins airing on 07/26/12)</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"><b>004</b></span>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>EDWARD ESPENETT CASE</b>	
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;">209888.16</span> </div>	Office Sought: <input type="checkbox"/> House    State: <b>HI</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : SE.4164**

<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;">18602.08</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </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*

Signature \_\_\_\_\_ [Electronically Filed]      Date M M / D D / Y Y Y Y



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
KITV4
Mailing Address 801 S King St
City Honolulu State HI Zip Code 96813
Date 07 / 23 / 2012
Amount 6786.65
Transaction ID : SE.4161
Purpose of Expenditure TV ad (begins airing 07/30/12)
Category/Type 004
Office Sought: Senate
Check One: Support
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE
Calendar Year-To-Date Per Election for Office Sought 196359.37
Disbursement For: Primary

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

(a) SUBTOTAL of Itemized Independent Expenditures..... 13617.80
(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) <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		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>KITV4</b>		Date M M M / D D D / Y Y Y Y Y Y 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 <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 206594.97		Disbursement For: 2012 <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 M M M / D D D / Y Y Y Y Y Y 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 <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 251011.28		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	4968.78
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>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 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	

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Communication Solutions, LLC</b>		Date MM / DD / YYYY <b>07 / 31 / 2012</b>
Mailing Address <b>PO Box 283137</b>		Amount <b>223.48</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96828-3137</b>	<b>Transaction ID : SE.4218</b>	
Purpose of Expenditure <b>Direct Mail</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>LINDA LINGLE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>251234.76</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 MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>PO Box 283137</b>		Amount <b>152.71</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96828-3137</b>	<b>Transaction ID : SE.4220</b>	
Purpose of Expenditure <b>Advertising</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 <b>261272.95</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.....	<b>376.19</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>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	

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Communication Solutions, LLC</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>PO Box 283137</b>		Amount <b>1832.46</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96828-3137</b>	<b>Transaction ID : SE.4221</b>	
Purpose of Expenditure <b>News release</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>MAZIE K HIRONO</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1832.46</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Communication Solutions, LLC</b>		Date MM / DD / YYYY <b>08 / 31 / 2012</b>
Mailing Address <b>PO Box 283137</b>		Amount <b>916.23</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96828-3137</b>	<b>Transaction ID : SE.4223</b>	
Purpose of Expenditure <b>News Release</b>	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>TULSI GABBARD</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>916.23</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>2748.69</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>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

MM / DD / YYYY  
**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	

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Communication Solutions, LLC</b>		Date MM / DD / YYYY 09 / 30 / 2012
Mailing Address PO Box 283137		Amount 1365.34
City Honolulu	State HI	
Purpose of Expenditure Draft endorsement & discuss website	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: MAZIE K HIRONO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3290.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.4225

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Communication Solutions, LLC</b>		Date MM / DD / YYYY 09 / 30 / 2012
Mailing Address PO Box 283137		Amount 359.30
City Honolulu	State HI	
Purpose of Expenditure Endorsement & 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)

Transaction ID : SE.4226

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	1724.64
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>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

MM / DD / YYYY  
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	

Full Name (Last, First, Middle Initial) of Payee <b>US Postal Service</b>		Date MM / DD / YYYY <b>07 / 26 / 2012</b>
Mailing Address <b>3600 Aolele St</b>		Amount <b>8277.98</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96820</b>	<b>Transaction ID : SE.4199</b>	
Purpose of Expenditure Postage for Ed Case mailing #2	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 <b>237355.92</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>US Postal Service</b>		Date MM / DD / YYYY <b>08 / 03 / 2012</b>
Mailing Address <b>3600 Aolele St</b>		Amount <b>8042.90</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96820</b>	<b>Transaction ID : SE.4207</b>	
Purpose of Expenditure Postage for direct mail piece 'Lingle'	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 <b>260650.90</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.....▶	<b>16320.88</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>112431.66</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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 13 / 2012**

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

Form/Schedule: SE

Transaction ID : SE.4199

Change payee from UH Professional Assembly

Form/Schedule: SE

Transaction ID: SE.4207

Change payee from UH Professional Assembly