24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) University of Hawaii Professional Assembly	FEC IDENTIFICATION NUMBER ▼
oniversity of Flavian Frenedoman Addemicity	C C00520262
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee KGMB	e
Mailing Address 420 Waiakamilo Rd, #205	07 24 2012 ount
City State Zip Code	
Honolulu HI 96817	16452.61 saction ID : SE.4172
Purpose of Expenditure Television Ad (begins airing 07/23/12) Category/ Type Office Sou	_
Name of Federal Candidate Supported or Opposed by Expenditure:	President
EDWARD ESPENETT CASE Check On	ne: Support Oppose
228187 89 2012	nent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	e
KHNL	07
Mailing Address 420 Waiakamilo Rd, #205	
	ount
City State Zip Code Honolulu HI 96817	890.05
Purpose of Expenditure Television Ad (begins airing 07/23/12) Category/ Type Office Sou	ught: House State: HI Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
EDWARD ESPENETT CASE Check On	ne: Support Oppose
229077 94 2012	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	17342.66
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	17342.66
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 [Electronically Filed] Date 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature [Electronically Filed] Date 07 24 2012	