



Facsimile Cover Sheet

To:**Company:** Federal Elections Commission**Phone:****Fax:** 202.219.0174**From:** Linda Sawai**Company:** UH Professional Assembly**Phone:** 808.593.2157**Fax:** 808.593.2160**Date:** 7/11/2012**Pages including this
cover page:** 2**Comments:**

I am sending this form via fax since I requested and have not received my password to electronically file this form. Thanks!

**University of Hawaii
Professional Assembly**
1017 Palm Drive • Honolulu, Hawaii 96814

12030833833

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

PAGE 1 OF 1
FOR SE OF FORM 24/48

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

Full Name (Last, First, Middle Initial) of Payee Dean Lucas		Date MM / DD / YYYY 06 / 18 / 2012
Mailing Address 157 Kihapai St		Amount 30000.00 Transaction ID: SE4121
City Kaliua	State HI	
Zip Code 96734	Purpose of Expenditure Radio Ads	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: _____
Calendar Year-To-Date Per Election for Office Sought 98539.24		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Oceanic Time Warner Cable		Date MM / DD / YYYY 06 / 18 / 2012
Mailing Address 745 Fort St, #1200		Amount 68539.24 Transaction ID: SE4104
City Honolulu	State HI	
Zip Code 96813	Purpose of Expenditure Television Ad aired 07/09/12	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: _____
Calendar Year-To-Date Per Election for Office Sought 68539.24		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	98539.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	98539.24

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 Bye *Cath Bye* Date: **07 / 10 / 2012**

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED
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