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 ▼ C C00520262
Check If 24-hour report 48-hour report New report Amends report	t filed on
Full Name (Last, First, Middle Initial) of Payee KITV4	Date
Mailing Address 801 S King St	07
City State Zip Code Honolulu HI 96813	6831.15 Transaction ID : SE.4212
Purpose of Expenditure TV ad (begins airing 08/06/12) Category/ Type 004	Office Sought: House State: HI Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD ESPENETT CASE	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	6831.15
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	6831.15
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 Signature	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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