FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	1	
1 Ottown 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name Examp is changed) over the	ole: If typying, type ne lines 121	=E4M5
Associations I	nc. PAC/Associa PAC		
ADDRESS (number and s	treet) 5401 N.Central Expressway		
(Check if address	Suite 300		11111111111
is changed)	Dallas	<u>_</u>	X
	CITY▲	STAT	TE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	ADDRESS (Please provide only one e-mail addres	s)	
(Check if address X is changed)	slming@comerica.com		
is changed)			
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL)		
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION	TION NUMBER C C004	13856	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and	belief it is true, correct and comp	plete
Type or Print Name of ⁻	reasurer Nancy Cushman		
Signature of Treasurer	Electronically Filed by Nancy Cushman	Date	03 / 29 / 2011
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the		
Office Use Only		For further information contact ederal Election Commission oll Free 800-424-9530	t: FEC FORM 1 (Revised 02/2009)

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	COMMITTEE (Check One) Committee:					
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate				
Name of Candidate						
Candidate Party Affilia	tion Office Sought: House Senate President	State District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Com						
(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
Political A	Political Action Committee (PAC):					
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
	X Corporation Corporation w/o Capital Stock	bor Organization				
	Membership Organization Trade Association C	ooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundi	oint Fundraising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political				
Cor	mmittees Participating in Joint Fundraiser					
	1. FEC ID number					
	2 FEC ID number C					
	3. FEC ID number					
	4 FEC ID number C					

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Write or Type Committee Name	•					
Associations Inc. PA	C/Associa PAC					
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fu	undraising Representative, or L	_eadership PAC Sponsor			
Associations, Inc.						
	<u> </u>					
Mailing Address	5401 N. Central Expre	ssway				
3	Sutie 300					
	Dallas Dallas		75205			
	CITY	STATE ▲	ZIP CODE			
Relationship:						
X Connected Organization	on Affiliated Committee J	loint Fundraising Representative	Leadership PAC Sponsor			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name	Comerica Bank Full Name					
Mailing Address	P.O. Box 75000					
	MC2250					
	Detroit	MI	48275 _ 2250			
Title or Position ♥	CITY A	STATE A	ZIP CODE A			
Record	eeper	Telephone number	18 - <u>371</u> - <u>7268</u>			
		·				
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).					
Full Name		·				
of Treasurer Nan	cy Cushman					
Mailing Address	P.O. Box 75000					
	MC2250					
	Detroit	MI	482752250			
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A			
PAC Tro	easurer	Telephone number	48 _ 371 _ 7268			

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	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Teleph	one number	
9.	Banks or Other Dep safety deposit boxes Name of Bank, Depo	or maintains funds. sitory, etc.	mmittee deposits funds, hol	ds accounts, rents
	L	Comerica Bank P.O. Box 75000		
	Mailing Address			
				40075
		Detroit	MI	48275
		CITY 🗖	STATE △	ZIP CODE 🛕
	Name of Bank, Depo	sitory, etc.		
		Texas Capital Bank		
	Mailing Address	2000 McKinney Avenue		
		Suite 700		
		Dallas	TX	75201 _
		CITY 🗖	STATE 4	ZIP CODE 🛕