



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Associations Inc. PAC/Associa PAC

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="2015"/>	<input type="text" value="7575.28"/>	<input type="text" value="7575.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11876.91"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5377.75"/>	<input type="text" value="50160.83"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="17254.66"/>	<input type="text" value="57736.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14349.00"/>	<input type="text" value="54830.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2905.66"/>	<input type="text" value="2905.66"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**Associations Inc. PAC/Associa PAC**

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).....	3114.08	16927.80
(ii) Unitemized .....	2263.67	33233.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5377.75	50160.83
(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) .....	5377.75	50160.83
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))..... ▶	5377.75	50160.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5377.75	50160.83

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	181.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	181.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	10500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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 .....	12349.00	44149.00
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)) ..	14349.00	54830.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14349.00	54830.45

**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) .....	5377.75	50160.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5377.75	50160.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	181.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	181.45

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 38  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Associations Inc. PAC/Associa PAC**

**A. Karen Inman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23726 Birtcher Drive  
 City Lake Forest State CA Zip Code 92630-1771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PCM Corporate Occupation Community Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 09 / 30 / 2015  
**Transaction ID : 1309684**  
 Amount of Each Receipt this Period  
 110.00

**B. Marybeth Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23726 Birtcher Drive  
 City Lake Forest State CA Zip Code 92630-1771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PCM Corporate Occupation Community Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 09 / 30 / 2015  
**Transaction ID : 1309685**  
 Amount of Each Receipt this Period  
 60.00

**C. Wendy Bucknum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23726 Birtcher Drive  
 City Lake Forest State CA Zip Code 92630-1771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PCM Corporate Occupation Community Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
 09 / 30 / 2015  
**Transaction ID : 871201**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 38  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)  
**A. Todd Strosnider**

Mailing Address 5401 N Central Expressway  
Suite 300

City Dallas State TX Zip Code 75205-3348

FEC ID number of contributing federal political committee. **C**

Name of Employer Associations, Inc. Occupation Training/Org Devolp-VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : PR10050718870**

Amount of Each Receipt this Period  
**44.00**

P/R Deduction (\$22.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. CYNTHIA VAN CLEAVE**

Mailing Address 8345 West Sunset Road  
Ste 150

City Las Vegas State NV Zip Code 89113-2177

FEC ID number of contributing federal political committee. **C**

Name of Employer The Prescott Companies LLC Occupation Ops-VP-Regional

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : PR106103818870**

Amount of Each Receipt this Period  
**40.00**

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Jon McKenna**

Mailing Address 737 Bishop Street, Ste 3100

City Honolulu State HI Zip Code 96813-3285

FEC ID number of contributing federal political committee. **C**

Name of Employer Certified Management Occupation Community-Pres (Branch)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : PR110035118870**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **104.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A. Jada Hilyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Riverchase Ridge  
 Ste 200  
 City Hoover State AL Zip Code 35244-2893  
 Name of Employer McKay Management Corp Occupation Community-Pres (Branch)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 420.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR110039418870**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. Debra Warren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9610 Waples St  
 City San Diego State CA Zip Code 92121-2955  
 Name of Employer NNJ Services Occupation Ops-VP-Sr  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 475.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR117422718870**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Helen Eden Carona**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N Central Expressway  
 Suite 300  
 City Dallas State TX Zip Code 75205-3348  
 Name of Employer Associations, Inc. Occupation EVP- Corporate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1900.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR117422918870**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	320.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A. CHARLES SCHNEIDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 471 Third St  
City Excelsior State MN Zip Code 55331-1945  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lincoln Hancock RestorationLLC Occupation Community-Pres (Branch)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR117452318870**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**B. Lisa Northup**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5401 N Central Expressway Suite 300  
City Dallas State TX Zip Code 75205-3348  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Associations, Inc. Occupation HR-VP-Sr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR124954918870**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C. Conni Nelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5950 LaPlace Court Ste 200  
City Carlsbad State CA Zip Code 92008-8852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Prescott Companies Inc Occupation Finance-VP (Branch)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR125546818870**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial) <b>A. Christina Yampanis</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 5401 N Central Expressway Suite 300		<b>Transaction ID : PR127618318870</b>
City Dallas	State TX	Zip Code 75205-3348
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Associations, Inc.	Occupation Community Affairs Rep	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	

Full Name (Last, First, Middle Initial) <b>B. Michelle O'Keefe</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 5401 N Central Expressway Suite 300		<b>Transaction ID : PR127629618870</b>
City Dallas	State TX	Zip Code 75205-3348
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
Name of Employer Associations, Inc.	Occupation HR-VP-Sr	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.37	

Full Name (Last, First, Middle Initial) <b>C. Tom Larkin</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 12700 Park Central Drive Suite 2000		<b>Transaction ID : PR127629718870</b>
City Dallas	State TX	Zip Code 75251-1546
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Associations, Inc.	Occupation CIO	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	238.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)  
**A. John Krueger**

Mailing Address 5401 N Central Expressway  
Suite 300

City Dallas State TX Zip Code 75205-3348

FEC ID number of contributing federal political committee. **C**

Name of Employer Associations, Inc. Occupation Govmt Affairs-VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
545.00

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : PR130720318870**

Amount of Each Receipt this Period  
70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Annette Ratliff**

Mailing Address 5401 N Central Expressway  
Suite 300

City Dallas State TX Zip Code 75205-3348

FEC ID number of contributing federal political committee. **C**

Name of Employer Associations, Inc. Occupation Admin-Asst-Exec-Sr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : PR130868918870**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Michael Bruce**

Mailing Address 9610 Waples St

City San Diego State CA Zip Code 92121-2955

FEC ID number of contributing federal political committee. **C**

Name of Employer NNJ Services Occupation Ops-Dir (Branch)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : PR130965618870**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A. John A Carona**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N Central Expressway  
 Suite 300  
 City Dallas State TX Zip Code 75205-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations, Inc. Occupation CEO- Corporate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 09 / 30 / 2015  
**Transaction ID : PR76841918870**  
 Amount of Each Receipt this Period 250.00  
 P/R Deduction (\$150.00 Bi-Weekly)

**B. John A Carona Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N Central Expressway  
 Suite 300  
 City Dallas State TX Zip Code 75205-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations, Inc. Occupation SVP- Corporate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 09 / 30 / 2015  
**Transaction ID : PR76842018870**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. William A Harrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N Central Expressway  
 Suite 300  
 City Dallas State TX Zip Code 75205-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations, Inc. Occupation Ops-VP-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 30 / 2015  
**Transaction ID : PR76842818870**  
 Amount of Each Receipt this Period 35.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A. Larry A Kluever**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N Central Expressway  
 Suite 300  
 City Dallas State TX Zip Code 75205-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations, Inc. Occupation General Counsel-Asst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76842918870**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Paul A Reyes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N Central Expressway  
 Suite 300  
 City Dallas State TX Zip Code 75205-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations, Inc. Occupation Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 568.15

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76843618870**  
 Amount of Each Receipt this Period 57.70  
 P/R Deduction (\$28.85 Bi-Weekly)

**C. William A Sommers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N Central Expressway  
 Suite 300  
 City Dallas State TX Zip Code 75205-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations, Inc. Occupation Controller-VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76843918870**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Associations Inc. PAC/Associa PAC**

**A. Mark A Southall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12700 Park Central Dr  
 Suite 600  
 City Dallas State TX Zip Code 75251-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pmg Of North Texas Occupation President-Field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 548.15

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76845218870**  
 Amount of Each Receipt this Period 57.70  
 P/R Deduction (\$28.85 Bi-Weekly)

**B. Kari A King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N Central Expressway  
 Suite 290  
 City Dallas State TX Zip Code 75205-3367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Somerset Association Occupation Ops-VP (Branch)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76846218870**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Vandon A Cobbs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4222 Cox Rd  
 Suite 110  
 City Glen Allen State VA Zip Code 23060-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Group, Inc Occupation Controller (Branch)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76846918870**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	137.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Associations Inc. PAC/Associa PAC**

**A. Scott A Meardon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4222 Cox Rd  
 Suite 110  
 City State Zip Code  
 Glen Allen VA 23060-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Community Group, Inc CEO- Field  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 590.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : PR76847018870**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Jena A Carpenter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1514 W Todd Dr  
 Suite B-103  
 City State Zip Code  
 Tempe AZ 85283-4848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jomar Assoc Svcs Client Relat-Dir (Branch)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : PR76848018870**  
 Amount of Each Receipt this Period  
 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Jeffrey A Gourlie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3131 Professional Dr  
 City State Zip Code  
 Ann Arbor MI 48104-5128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kramer-Triad Mgmt Community-Pres (Branch)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : PR76848618870**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A. Michael A Packard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1341 W Robinson Dr  
 Suite B-7  
 City Stockton State CA Zip Code 95207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M&C Association Mgmt Occupation Ops-VP-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76850018870**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Heather A Kerwin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14142 Denver West Parkway  
 Suite 350  
 City Lakewood State CO Zip Code 80401-3190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tyler Community Mgmt Occupation Community-Pres (Branch)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76851518870**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Nancy A Hastings**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14000 Horizon Way  
 Ste 200  
 City Mount Laurel State NJ Zip Code 08054-4342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mamco Inc Occupation Community-Pres (Branch)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76852218870**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A. Hilary A Lape**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3130 Fairview Park Drive  
 Suite 200  
 City Falls Church State VA Zip Code 22042-4566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Legum & Norman Realty Inc Occupation Ops-VP-Sr (Branch)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2015**  
**Transaction ID : PR76853518870**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Craig A Koss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3131 Professional Dr  
 City Ann Arbor State MI Zip Code 48104-5128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kramer-Triad Mgmt Occupation Ops-VP-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **305.00**

Date of Receipt **09 / 30 / 2015**  
**Transaction ID : PR76854318870**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Thomas A Buechel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N Central Expressway  
 Suite 300  
 City Dallas State TX Zip Code 75205-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations, Inc. Occupation Finance-VP-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **09 / 30 / 2015**  
**Transaction ID : PR76856518870**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A. Kelley A Scott-Brewster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Wild Basin Rd  
 Suite 308  
 City West Lake Hills State TX Zip Code 78746-3306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alliance Assoc Mgmt Occupation Community-Pres (Branch)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76864918870**  
 Amount of Each Receipt this Period 110.00  
 P/R Deduction (\$55.00 Bi-Weekly)

**B. Ronald A Duprey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 S. Kirkman Rd  
 Suite 450  
 City Orlando State FL Zip Code 32819-7968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Management - Orlando Occupation Ops-VP-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76867318870**  
 Amount of Each Receipt this Period 104.00  
 P/R Deduction (\$52.00 Bi-Weekly)

**C. Kirk A Bliss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2555 Westside Pkwy  
 Ste 600  
 City Alpharetta State GA Zip Code 30004-4191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Homeside Properties Inc Occupation Community-Pres (Branch)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR76869818870**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	234.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A. Jacob A Christenson**  
Full Name (Last, First, Middle Initial)

Mailing Address 7100 Madison Ave W

City Golden Valley State MN Zip Code 55427-3602

FEC ID number of contributing federal political committee. **C**

Name of Employer Associa Community Dev Inc Occupation Dir of Management Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : PR76876318870**

Amount of Each Receipt this Period  
**24.00**

P/R Deduction (\$12.00 Bi-Weekly)

**B. Christine Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 13461 Parker Commons Blvd Ste 101 & 102

City Fort Myers State FL Zip Code 33912-1839

FEC ID number of contributing federal political committee. **C**

Name of Employer Associa Gulf Coast Inc Occupation Ops-VP-Regional

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **645.00**

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : PR83329218870**

Amount of Each Receipt this Period  
**110.00**

P/R Deduction (\$55.00 Bi-Weekly)

**C. John Steele**  
Full Name (Last, First, Middle Initial)

Mailing Address 1514 W Todd Dr Suite B-103

City Tempe State AZ Zip Code 85283-4848

FEC ID number of contributing federal political committee. **C**

Name of Employer Jomar Assoc Svcs Occupation Ops-VP-Sr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : PR84423518870**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **154.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A. Dora Parker**  
Full Name (Last, First, Middle Initial)

Mailing Address 11000 Corporate Cntr Dr  
Suite 150

City Houston State TX Zip Code 77041-5179

FEC ID number of contributing federal political committee. **C**

Name of Employer Pmg Of Houston Occupation Community-Pres (Branch)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : PR94109718870**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B. Ryan Osburn**  
Full Name (Last, First, Middle Initial)

Mailing Address 13461 Parker Commons Blvd  
Ste 101 & 102

City Fort Myers State FL Zip Code 33912-1839

FEC ID number of contributing federal political committee. **C**

Name of Employer Associa Gulf Coast Inc Occupation Client Relat-Dir (Branch)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.78

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : PR94114118870**

Amount of Each Receipt this Period  
19.24

P/R Deduction (\$9.62 Bi-Weekly)

**C. Robert Felix**  
Full Name (Last, First, Middle Initial)

Mailing Address 5950 LaPlace Court  
Ste 200

City Carlsbad State CA Zip Code 92008-8852

FEC ID number of contributing federal political committee. **C**

Name of Employer The Prescott Companies Inc Occupation Ops-VP-Regional

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : PR94115218870**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.24

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A. Andrew Fortin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 N Central Expressway  
 Suite 300  
 City Dallas State TX Zip Code 75205-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations, Inc. Occupation Govmt Affairs-VP-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1899.81

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR94308518870**  
 Amount of Each Receipt this Period 199.98  
 P/R Deduction (\$99.99 Bi-Weekly)

**B. Tasha Elrod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1341 W Robinson Dr  
 Suite B-7  
 City Stockton State CA Zip Code 95207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M&C Association Mgmt Occupation Community-Mgr (III)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR99616518870**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. James Arterbury**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 S. Kirkman Rd  
 Suite 450  
 City Orlando State FL Zip Code 32819-7968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Management - Orlando Occupation Community-VP (Branch)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : PR99870618870**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	269.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 38  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Brownlee**

Mailing Address 5401 N Central Expressway  
Suite 300

City Dallas State TX Zip Code 75205-3348

FEC ID number of contributing federal political committee. **C**

Name of Employer Associations, Inc. Occupation Recruiting-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : PR99871418870**

Amount of Each Receipt this Period  
24.00

P/R Deduction (\$12.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	24.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3114.08

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Barbara Mallory Caraway For Congress**

Mailing Address P.O. Box 764171

City Dallas State TX Zip Code 75203

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Barbara Caraway**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 30

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2015

**Transaction ID : 9422752**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2015

**Transaction ID : 9455545**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

2000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Bennett Ratliff for State Representative**

Mailing Address P.O. Box 949

City Coppel State TX Zip Code 75019

Purpose of Disbursement  
Bennett Ratliff, STATE HOUSE 115th TX

011

Candidate Name

**. Bennett Ratliff**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : 9422753**

Amount of Each Disbursement this Period

2000.00

Bennett Ratliff, STATE HOUSE 115th TX

Full Name (Last, First, Middle Initial)

**B. Koop for Texas House**

Mailing Address P.O. Box 794042

City Dallas State TX Zip Code 75379

Purpose of Disbursement  
Linda Koop, STATE HOUSE 102nd TX

011

Candidate Name

**Linda Koop**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : 9422754**

Amount of Each Disbursement this Period

1000.00

Linda Koop, STATE HOUSE 102nd TX

Full Name (Last, First, Middle Initial)

**C. Friends of Della Au Belatti**

Mailing Address P.O. Box 900

City Honolulu State HI Zip Code 96808

Purpose of Disbursement  
Della Belatti, STATE HOUSE 24th HI

011

Candidate Name

**HI Rep. Della Belatti**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 9429443**

Amount of Each Disbursement this Period

100.00

Della Belatti, STATE HOUSE 24th HI

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

3100.00

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Tom Brower**

Mailing Address 469 Ena Rd.  
#2701

City Honolulu State HI Zip Code 96815

Purpose of Disbursement  
Tom Brower, STATE HOUSE 22nd HI

011

Candidate Name

**HI Rep. Tom Brower**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 9429604**

Amount of Each Disbursement this Period

100.00

Tom Brower, STATE HOUSE 22nd HI

Full Name (Last, First, Middle Initial)

**B. Friends of Ty Cullen**

Mailing Address 94-171 Kehela Pl

City Waipahu State HI Zip Code 96797

Purpose of Disbursement  
Ty Cullen, STATE HOUSE 39th HI

011

Candidate Name

**HI Rep. Ty Cullen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 9429605**

Amount of Each Disbursement this Period

100.00

Ty Cullen, STATE HOUSE 39th HI

Full Name (Last, First, Middle Initial)

**C. Friends of Beth Fukumoto**

Mailing Address P.O. Box 894209

City Mililani State HI Zip Code 96789

Purpose of Disbursement  
Beth Fukumoto, STATE HOUSE 36th HI

011

Candidate Name

**HI Rep. Beth Fukumoto**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 9429606**

Amount of Each Disbursement this Period

100.00

Beth Fukumoto, STATE HOUSE 36th HI

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

300.00

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Sharon Har**

Mailing Address P.O. Box 101  
590 Farrington Hwy #210

City Kapolei State HI Zip Code 96707

Purpose of Disbursement  
Sharon Har, STATE HOUSE 42nd HI

Candidate Name

**HI Rep. Sharon Har**

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429607**

Amount of Each Disbursement this Period

Sharon Har, STATE HOUSE 42nd HI

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Hashem**

Mailing Address P.O. Box 240965

City Honolulu State HI Zip Code 96824

Purpose of Disbursement  
Mark Hashem, STATE HOUSE 18th HI

Candidate Name

**HI Rep. Mark Hashem**

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429608**

Amount of Each Disbursement this Period

Mark Hashem, STATE HOUSE 18th HI

Full Name (Last, First, Middle Initial)

**C. Friends of Linda Ichiyama**

Mailing Address P.O. Box 1707

City Aiea State HI Zip Code 96701

Purpose of Disbursement  
Linda Ichiyama, STATE HOUSE 32nd HI

Candidate Name

**HI Rep. Linda Ichiyama**

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429609**

Amount of Each Disbursement this Period

Linda Ichiyama, STATE HOUSE 32nd HI

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Aaron Johanson**

Mailing Address P.O. Box 30388

City Honolulu State HI Zip Code 96820

Purpose of Disbursement  
Aaron Johanson, STATE HOUSE 31st HI

Category/  
Type

Candidate Name

**HI Rep. Aaron Johanson**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 9429610**

Amount of Each Disbursement this Period

Aaron Johanson, STATE HOUSE 31st HI

Full Name (Last, First, Middle Initial)

**B. Friends of Jo Jordan**

Mailing Address P.O. Box 1398

City Waianae State HI Zip Code 96792

Purpose of Disbursement  
Jo Jordan, STATE HOUSE 44th HI

Category/  
Type

Candidate Name

**HI Rep. Jo Jordan**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 9429611**

Amount of Each Disbursement this Period

Jo Jordan, STATE HOUSE 44th HI

Full Name (Last, First, Middle Initial)

**C. Friends of Bert Kobayashi**

Mailing Address 3325-C Maunaloa Avenue

City Honolulu State HI Zip Code 96816

Purpose of Disbursement  
Bertrand Kobayashi, STATE HOUSE 19th HI

Category/  
Type

Candidate Name

**HI Rep. Bertrand Kobayashi**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 9429612**

Amount of Each Disbursement this Period

Bertrand Kobayashi, STATE HOUSE 19th HI

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Chris Lee**

Mailing Address 111 Hekili Street  
Box 392

City Kailua State HI Zip Code 96734

Purpose of Disbursement  
Chris Lee, STATE HOUSE 51st HI

Category/  
Type

Candidate Name

**HI Rep. Chris Lee**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 9429613**

Amount of Each Disbursement this Period

Chris Lee, STATE HOUSE 51st HI

Full Name (Last, First, Middle Initial)

**B. Friends of Sylvia Luke**

Mailing Address P.O. Box 2804

City Honolulu State HI Zip Code 96803

Purpose of Disbursement  
Sylvia Luke, STATE HOUSE 25th HI

Category/  
Type

Candidate Name

**HI Rep. Sylvia Luke**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 9429614**

Amount of Each Disbursement this Period

Sylvia Luke, STATE HOUSE 25th HI

Full Name (Last, First, Middle Initial)

**C. Friends of John Mizuno**

Mailing Address P.O. Box 215

City Honolulu State HI Zip Code 96810

Purpose of Disbursement  
John Mizuno, STATE HOUSE 28th HI

Category/  
Type

Candidate Name

**HI Rep. John Mizuno**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 9429615**

Amount of Each Disbursement this Period

John Mizuno, STATE HOUSE 28th HI

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Scott Nishimoto**

Mailing Address 3111 Brokaw Street  
Apt. 301

City Honolulu State HI Zip Code 96815

Purpose of Disbursement  
Scott Nishimoto, STATE HOUSE 21st HI

011

Candidate Name

**HI Rep. Scott Nishimoto**

Category/  
Type

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  
09 / 14 / 2015

**Transaction ID : 9429616**

Amount of Each Disbursement this Period

150.00

Scott Nishimoto, STATE HOUSE 21st HI

Full Name (Last, First, Middle Initial)

**B. Friends of Richard Onishi**

Mailing Address 2040 Ainaola Place

City Hilo State HI Zip Code 96720

Purpose of Disbursement  
Richard Onishi, STATE HOUSE 3rd HI

011

Candidate Name

**HI Rep. Richard Onishi**

Category/  
Type

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  
09 / 14 / 2015

**Transaction ID : 9429617**

Amount of Each Disbursement this Period

100.00

Richard Onishi, STATE HOUSE 3rd HI

Full Name (Last, First, Middle Initial)

**C. Friends of Scott Saiki**

Mailing Address P.O. Box 12022

City Honolulu State HI Zip Code 96828

Purpose of Disbursement  
Scott Saiki, STATE HOUSE 26th HI

011

Candidate Name

**HI Rep. Scott Saiki**

Category/  
Type

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  
09 / 14 / 2015

**Transaction ID : 9429618**

Amount of Each Disbursement this Period

250.00

Scott Saiki, STATE HOUSE 26th HI

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

500.00

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Friends for Say**

Mailing Address 1822 10th Avenue

City Honolulu State HI Zip Code 96816

Purpose of Disbursement  
Calvin Say, STATE HOUSE 20th HI

Candidate Name

**Calvin Say**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429619**

Amount of Each Disbursement this Period

Calvin Say, STATE HOUSE 20th HI

Full Name (Last, First, Middle Initial)

**B. Friends of Joseph Souki**

Mailing Address P.O. Box 632

City Wailuku State HI Zip Code 96793

Purpose of Disbursement  
Joseph Souki, STATE HOUSE 8th HI

Candidate Name

**HI Rep. Joseph Souki**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429620**

Amount of Each Disbursement this Period

Joseph Souki, STATE HOUSE 8th HI

Full Name (Last, First, Middle Initial)

**C. Friends of Gregg Takayama**

Mailing Address P.O. Box 1169

City Honolulu State HI Zip Code 96807

Purpose of Disbursement  
Gregg Takayama, STATE HOUSE 34th HI

Candidate Name

**HI Rep. Gregg Takayama**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429621**

Amount of Each Disbursement this Period

Gregg Takayama, STATE HOUSE 34th HI

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial) <b>A. Friends of Justin H. Woodson</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address P.O. Box 1609		<b>Transaction ID : 9429622</b>
City Kahului	State HI	
Purpose of Disbursement Justin Woodson, STATE HOUSE 9th HI		Amount of Each Disbursement this Period 100.00
Candidate Name <b>HI Rep. Justin Woodson</b>		Justin Woodson, STATE HOUSE 9th HI
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Friends of Ryan Yamane</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 94-1466 Okupu Street		<b>Transaction ID : 9429623</b>
City Waipahu	State HI	
Purpose of Disbursement Ryan Yamane, STATE HOUSE 37th HI		Amount of Each Disbursement this Period 100.00
Candidate Name <b>HI Rep. Ryan Yamane</b>		Ryan Yamane, STATE HOUSE 37th HI
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Friends for Donovan Dela Cruz</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address P.O. Box 860340		<b>Transaction ID : 9429624</b>
City Wahiawa	State HI	
Purpose of Disbursement Donovan Dela Cruz, STATE SENATE 22nd HI		Amount of Each Disbursement this Period 250.00
Candidate Name <b>HI Sen. Donovan Dela Cruz</b>		Donovan Dela Cruz, STATE SENATE 22nd HI
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. J. Kalani English Election Committee**

Mailing Address P.O. Box 878

City Hana, Maui State HI Zip Code 96713

Purpose of Disbursement  
J. Kalani English, STATE SENATE 7th HI

Candidate Name

**HI Sen. J. Kalani English**

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429625**

Amount of Each Disbursement this Period

J. Kalani English, STATE SENATE 7th HI

Full Name (Last, First, Middle Initial)

**B. Friends of Will Espero**

Mailing Address 91-944 Waihua Place

City Ewa Beach State HI Zip Code 96706

Purpose of Disbursement  
William Espero, STATE SENATE 19th HI

Candidate Name

**William Espero**

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429626**

Amount of Each Disbursement this Period

William Espero, STATE SENATE 19th HI

Full Name (Last, First, Middle Initial)

**C. Mike Gabbard - State Senate**

Mailing Address P.O. Box 75480

City Kapolei State HI Zip Code 96707

Purpose of Disbursement  
Mike Gabbard, STATE SENATE 20th HI

Candidate Name

**HI Sen. Mike Gabbard**

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429627**

Amount of Each Disbursement this Period

Mike Gabbard, STATE SENATE 20th HI

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Friends for Brickwood**

Mailing Address P.O. Box 2816

City Honolulu State HI Zip Code 96803

Purpose of Disbursement  
Brickwood Galuteria, STATE SENATE 12th HI

Candidate Name

**HI Sen. Brickwood Galuteria**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429628**

Amount of Each Disbursement this Period

Brickwood Galuteria, STATE SENATE 12th HI

Full Name (Last, First, Middle Initial)

**B. Friends of Gil Keith-Agaran**

Mailing Address P.O. Box 857

City Wailuku State HI Zip Code 96793

Purpose of Disbursement  
Gilbert Keith-Agaran, STATE SENATE 5th HI

Candidate Name

**HI Sen. Gilbert Keith-Agaran**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429629**

Amount of Each Disbursement this Period

Gilbert Keith-Agaran, STATE SENATE 5th HI

Full Name (Last, First, Middle Initial)

**C. Friends of Donna Mercado Kim**

Mailing Address 1528 Onipaa Street

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
Donna Kim, STATE SENATE 14th HI

Candidate Name

**HI Sen. Donna Kim**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 9429630**

Amount of Each Disbursement this Period

Donna Kim, STATE SENATE 14th HI

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Kouchi for Senate**

Mailing Address P.O. Box 983

City Lawai State HI Zip Code 96765

Purpose of Disbursement  
Ronald Kouchi, STATE SENATE 8th HI

011

Candidate Name  
**HI Sen. Ronald Kouchi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 9429631**

Amount of Each Disbursement this Period

250.00

Ronald Kouchi, STATE SENATE 8th HI

Full Name (Last, First, Middle Initial)

**B. Friends of Clarence Nishihara**

Mailing Address P.O. Box 971293

City Waipahu State HI Zip Code 96797

Purpose of Disbursement  
Clarence Nishihara, STATE SENATE 17th HI

011

Candidate Name  
**HI Sen. Clarence Nishihara**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 9429632**

Amount of Each Disbursement this Period

150.00

Clarence Nishihara, STATE SENATE 17th HI

Full Name (Last, First, Middle Initial)

**C. Friends of Maile Shimabukuro**

Mailing Address 87-162 Liopolo Street

City Waianae State HI Zip Code 96792

Purpose of Disbursement  
Maile Shimabukuro, STATE SENATE 21st HI

011

Candidate Name  
**HI Sen. Maile Shimabukuro**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 9429633**

Amount of Each Disbursement this Period

150.00

Maile Shimabukuro, STATE SENATE 21st HI

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

550.00

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Friends for Brian Taniguchi**

Mailing Address 2140 ARmstrong Street

City Honolulu State HI Zip Code 96822

Purpose of Disbursement  
Brian Taniguchi, STATE SENATE 11th HI

011

Candidate Name

**HI Sen. Brian Taniguchi**

Category/  
Type

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  
09 / 14 / 2015

**Transaction ID : 9429634**

Amount of Each Disbursement this Period

150.00

Brian Taniguchi, STATE SENATE 11th HI

Full Name (Last, First, Middle Initial)

**B. Friends of Jill Tokuda**

Mailing Address P.O. Box 6068

City Kanoeha State HI Zip Code 96744

Purpose of Disbursement  
Jill Tokuda, STATE SENATE 24th HI

011

Candidate Name

**HI Sen. Jill Tokuda**

Category/  
Type

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  
09 / 14 / 2015

**Transaction ID : 9429635**

Amount of Each Disbursement this Period

250.00

Jill Tokuda, STATE SENATE 24th HI

Full Name (Last, First, Middle Initial)

**C. Friends of Glenn Wakai**

Mailing Address 1541 Ala Lani St.

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
Glenn Wakai, STATE SENATE 15th HI

011

Candidate Name

**HI Sen. Glenn Wakai**

Category/  
Type

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  
09 / 14 / 2015

**Transaction ID : 9429636**

Amount of Each Disbursement this Period

150.00

Glenn Wakai, STATE SENATE 15th HI

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

550.00

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Breene Harimoto**

Mailing Address 19583 Hoomalolo St.

City Pearl City State HI Zip Code 96782

Purpose of Disbursement  
Breene Harimoto, STATE SENATE 16th HI

011

Candidate Name

**HI Sen. Breene Harimoto**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 9429637**

Amount of Each Disbursement this Period

150.00

Breene Harimoto, STATE SENATE 16th HI

Full Name (Last, First, Middle Initial)

**B. Greg Rath for MVCC**

Mailing Address 26551 Maside

City Mission Viejo State CA Zip Code 92692

Purpose of Disbursement  
Greg Rath, CITY COUNCIL CA

011

Candidate Name

**Greg Rath**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

**Transaction ID : 9447528**

Amount of Each Disbursement this Period

99.00

Greg Rath, CITY COUNCIL CA

Full Name (Last, First, Middle Initial)

**C. Texans for Joe Strauss**

Mailing Address P.O. Box 90388

City San Antonio State TX Zip Code 78209

Purpose of Disbursement  
Joe Strauss, STATE HOUSE 121st TX

011

Candidate Name

**Joe Strauss**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 9455546**

Amount of Each Disbursement this Period

1000.00

Joe Strauss, STATE HOUSE 121st TX

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

1249.00

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Associations Inc. PAC/Associa PAC**

Full Name (Last, First, Middle Initial)

**A. Angie Chen Button Campaign**

Mailing Address P.O. Box 832748

City Richardson State TX Zip Code 75083

Purpose of Disbursement  
Angie Button, STATE HOUSE 112th TX

011

Candidate Name

**TX Rep. Angie Button**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

**Transaction ID : 9457933**

Amount of Each Disbursement this Period

2500.00

Angie Button, STATE HOUSE 112th TX

Full Name (Last, First, Middle Initial)

**B. Mike Cantrell Campaign**

Mailing Address 7712 Glenshannon

City Dallas State TX Zip Code 75228

Purpose of Disbursement  
Mike Cantrell, COUNTY COMMISSIONER 2nd TX

011

Candidate Name

**Mike Cantrell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

**Transaction ID : 9457934**

Amount of Each Disbursement this Period

500.00

Mike Cantrell, COUNTY COMMISSIONER 2nd TX

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3000.00

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

12349.00