

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Associations Inc. PAC/Associa PAC

ADDRESS (number and street) 5401 N. Central Expressway  
Suite 300  
 Check if different than previously reported. (ACC)  
Dallas TX 75205

2. **FEC IDENTIFICATION NUMBER** C00413856  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2011 through 04 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Cushman

Signature of Treasurer Electronically Filed by Nancy Cushman Date 05 10 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Associations Inc. PAC/Associa PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		44741.50
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	47462.33									
(c) Total Receipts (from Line 19) .....	5029.13	18797.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	52491.46	63539.46								
7. Total Disbursements (from Line 31) .....	2366.00	13414.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	50125.46	50125.46								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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**

Write or Type Committee Name  
Associations Inc. PAC/Associa PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	787.70	1967.70
(ii) Unitemized .....	4241.43	16830.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5029.13	18797.96
(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) .....	5029.13	18797.96
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 Transfer (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)) .....	5029.13	18797.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5029.13	18797.96

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	16.00	5564.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	16.00	5564.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	5000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	2350.00	2850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	2366.00	13414.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2366.00	13414.00

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) .....	5029.13	18797.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5029.13	18797.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16.00	5564.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16.00	5564.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 6 / 11
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan A Blackburn	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 12701 Fair Lakes Cir Suite 400	<b>Transaction ID:</b> PR768364523
	City State Zip Code Fairfax VA 22033	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation Community Mgmt Corp President-Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Vicki A Ward	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 11000 Corporate Cntr Dr Suite 150	<b>Transaction ID:</b> PR768392523
	City State Zip Code Houston TX 77041	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Occupation Pmg Of Houston President-Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John A Carona	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 5401 N Central Expressway Suite 300	<b>Transaction ID:</b> PR768419523
	City State Zip Code Dallas TX 75205	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer Occupation Associations, Inc. CEO- Corporate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	380.00
<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 7 / 11
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark A Southall		Date of Receipt
	Mailing Address 12700 Park Central Dr Suite 600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Dallas TX 75251		<input type="text"/> 0 4 / <input type="text"/> 3 0 / <input type="text"/> 2 0 1 1
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR768452523
	Name of Employer Pmg Of North Texas Occupation President-Field		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> Aggregate Year-to-Date ▼	
		<input type="text"/> 230.80	<input type="text"/> 57.70
			P/R Deduction (\$28.85 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Vandon A Cobbs		Date of Receipt
	Mailing Address 4222 Cox Rd Suite 110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Glen Allen VA 23060		<input type="text"/> 0 4 / <input type="text"/> 3 0 / <input type="text"/> 2 0 1 1
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR768469523
	Name of Employer Community Group, Inc Occupation Vice President Field		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> Aggregate Year-to-Date ▼	
		<input type="text"/> 225.00	<input type="text"/> 50.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael A Packard		Date of Receipt
	Mailing Address 5401 N. Central Expwy Ste 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Dallas TX 75205		<input type="text"/> 0 4 / <input type="text"/> 3 0 / <input type="text"/> 2 0 1 1
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR768500523
	Name of Employer 411HOA Occupation VP- Corporate		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> Aggregate Year-to-Date ▼	
		<input type="text"/> 225.00	<input type="text"/> 75.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 182.70
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 8 / 11
	(check only one) <input checked="" 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) Kelly A Moran		Date of Receipt MM / DD / YYYY 04 / 30 / 2011
Mailing Address 9887 Fourth Street North Suite 301		<b>Transaction ID:</b> PR768646523
City St. Petersburg	State Zip Code FL 33702	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Rampart Properties	Occupation Vice President Field	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 ▼ 225.00	

**B.**

Full Name (Last, First, Middle Initial) Ronald A Duprey		Date of Receipt MM / DD / YYYY 04 / 30 / 2011
Mailing Address 5401 S. Kirkman Rd Suite 450		<b>Transaction ID:</b> PR768673523
City Orlando	State Zip Code FL 32819	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Community Management	Occupation CEO- Field	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>787.70</b>



**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Michelle Kidani  Mailing Address P.O. Box 894515  City Mililani State HI Zip Code 96789-8326 Purpose of Disbursement Michelle Kidani, STATE SENATE 17th HI Candidate Name Michelle Kidani Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District:	<b>Transaction ID:</b> 3298178 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 1	Amount of Each Disbursement this Period 500.00  Michelle Kidani, STATE SENATE 17th HI
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Rosalyn Baker  Mailing Address P.O. Box 10394  City Lahaina State HI Zip Code 96761 Purpose of Disbursement Rosalyn Baker, STATE SENATE 5th HI Candidate Name Rosalyn Baker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District:	<b>Transaction ID:</b> 3298184 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 1	Amount of Each Disbursement this Period 450.00  Rosalyn Baker, STATE SENATE 5th HI
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends of Calvin Say  Mailing Address 1822 10th Ave.  City Honolulu State HI Zip Code 96816 Purpose of Disbursement Calvin Say, STATE HOUSE 20th HI Candidate Name Calvin Say Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District: 20	<b>Transaction ID:</b> 3298186 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 1	Amount of Each Disbursement this Period 400.00  Calvin Say, STATE HOUSE 20th HI

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1350.00</b>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Blake Oshiro</p> <p>Mailing Address P.O. Box 1152</p> <p>City Aiea State HI Zip Code 96701</p> <p>Purpose of Disbursement Blake Oshiro, STATE HOUSE 33rd HI</p> <p>Candidate Name Blake Oshiro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 33</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3298187 <b>Date of Disbursement</b> 04 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Blake Oshiro, STATE HOUSE 33rd HI</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Gil S. Coloma Keith-Agaran</p> <p>Mailing Address 24 N. Church Street #409</p> <p>City Wailuku State HI Zip Code 96793</p> <p>Purpose of Disbursement Gil Keith-Agaran, STATE HOUSE 9th HI</p> <p>Candidate Name Gil S. Keith-Agaran</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3298188 <b>Date of Disbursement</b> 04 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Gil Keith-Agaran, STATE HOUSE 9th HI</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Clayton Hee</p> <p>Mailing Address P.O. Box 4484</p> <p>City Kaneohe State HI Zip Code 96744</p> <p>Purpose of Disbursement Clayton Hee, STATE SENATE 23rd HI</p> <p>Candidate Name HI Sen. Clayton Hee</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3552206 <b>Date of Disbursement</b> 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Clayton Hee, STATE SENATE 23rd HI</p>

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

750.00

**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)

PAGE 11 / 11

<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

A.

Full Name (Last, First, Middle Initial)  
Friends of Clayton Hee

Mailing Address P.O. Box 4484

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement  
Clayton Hee, STATE SENATE 23rd HI

Candidate Name  
HI Sen. Clayton Hee

Office Sought:  House  
 Senate  
 President

State: HI District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 3552209

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

250.00

Clayton Hee, STATE SENATE  
23rd HI

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

250.00

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

2350.00