

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
ASSOCIATIONS INC. PAC/ASSOCIA PAC

ADDRESS (number and street) **5401 N.CENTRAL EXPRESSWAY**
SUITE 290
 Check if different than previously reported. (ACC) **DALLAS TX 75205**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 (12S)
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 / / 2021 through / / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Krueger, John, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Krueger, John, , ,* [Electronically Filed] Date / / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2021"/>		29613.27
(b) Cash on Hand at Beginning of Reporting Period.....	67895.36	
(c) Total Receipts (from Line 19)	6683.66	79015.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74579.02	108629.02
7. Total Disbursements (from Line 31).....	29700.00	63750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	44879.02	44879.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ASSOCIATIONS INC. PAC/ASSOCIA PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 12 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2021

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).....	1715.00	71101.26
(ii) Unitemized	4968.66	7914.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6683.66	79015.75
(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)	6683.66	79015.75
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)).....▶	6683.66	79015.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6683.66	79015.75

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	29700.00	63750.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	29700.00	63750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29700.00	63750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	6683.66	79015.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6683.66	79015.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 19
<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

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carona, John, , ,

Mailing Address P.o Box 600035

City Dallas	State TX	Zip Code 75360
----------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate Headquarters	Occupation (for Individual) CEO
---	------------------------------------

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
12	/	17	/	2021

Transaction ID : SA11AI.6043

Amount of Each Receipt this Period
190.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carona, John, , ,

Mailing Address P.o Box 600035

City Dallas	State TX	Zip Code 75360
----------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate Headquarters	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2021

Transaction ID : SA11AI.6469

Amount of Each Receipt this Period
190.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eden Carona, Helen, , ,

Mailing Address 8891 Jourdan Way

City Dallas	State TX	Zip Code 75225
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Corporate Headquarters	Occupation (for Individual) CCO-Chief Corporate Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2021

Transaction ID : SA11AI.6045

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	530.00
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 7 OF 19
<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. Eden Carona, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8891 Jourdan Way
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Headquarters Occupation (for Individual) CCO-Chief Corporate Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.6471
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Fortin, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5116 Worth Street
 City Dallas State TX Zip Code 75214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Headquarters Occupation (for Individual) Govmt Affairs-VP-Sr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 17 / 2021
Transaction ID : SA11AI.6055
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Fortin, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5116 Worth Street
 City Dallas State TX Zip Code 75214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Headquarters Occupation (for Individual) Govmt Affairs-VP-Sr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.6481
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 19
	<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. Krueger, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 N. Central Expressway
 Suite 290
 City Dallas State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associations, Inc. Occupation (for Individual) VP - Govmnt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 69456.26

Date of Receipt 12 / 17 / 2021
Transaction ID : SA11AI.6068
 Amount of Each Receipt this Period 70.00
 Memo Item

B. Krueger, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 N. Central Expressway
 Suite 290
 City Dallas State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associations, Inc. Occupation (for Individual) VP - Govmnt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 69526.26

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.6494
 Amount of Each Receipt this Period 70.00
 Memo Item

C. Kruppa, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4526 Deere Street
 City Dallas State TX Zip Code 75204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Headquarters Occupation (for Individual) Chief Legal Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.6467
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 9 OF 19
(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

A. Packard, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6434 Terraza Portico
 City Carlsbad State CA Zip Code 92009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associa Northern California Occupation (for Individual) Bus Devolp-VP-Sr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2021
Transaction ID : SA11AI.6090
 Amount of Each Receipt this Period
 530.00
 Memo Item

B. Packard, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6434 Terraza Portico
 City Carlsbad State CA Zip Code 92009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associa Northern California Occupation (for Individual) Bus Devolp-VP-Sr
 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
 12 / 23 / 2021
Transaction ID : SA11AI.6516
 Amount of Each Receipt this Period
 30.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	560.00
TOTAL This Period (last page this line number only).....▶	1715.00

**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"/> 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. A Bolder Florida		Date of Disbursement MM / DD / YYYY 12 / 13 / 2021
Mailing Address 2600 South Douglas Road		FEC Identification Number C [] Transaction ID : SB29.6628 Amount of Each Disbursement this Period [] 1000.00
City Coral Gables	State FL	Zip Code 33134
Purpose of Disbursement	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
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. Ana Maria Rodriguez Campaign		Date of Disbursement MM / DD / YYYY 12 / 13 / 2021
Mailing Address 156 Northeast 26 Avenue		FEC Identification Number C [] Transaction ID : SB29.6648 Amount of Each Disbursement this Period [] 1000.00
City Homestead	State FL	Zip Code 33033
Purpose of Disbursement	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
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) C. Art Fierro for Texas		Date of Disbursement MM / DD / YYYY 12 / 03 / 2021
Mailing Address 1959 Paseo Del Prado		FEC Identification Number C [] Transaction ID : SB29.6590 Amount of Each Disbursement this Period [] 1000.00
City El Paso	State TX	Zip Code 79936
Purpose of Disbursement	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3000.00
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"/> 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. Bob Rommel Campaign

Full Name (Last, First, Middle Initial)

Mailing Address 7633 Mulberry Lane

City Naples State FL Zip Code 34114

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 13 / 2021

FEC Identification Number: C

Transaction ID : **SB29.6624**

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Clay Yarborough Campaign

Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 351035

City Jacksonville State FL Zip Code 32235

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 13 / 2021

FEC Identification Number: C

Transaction ID : **SB29.6636**

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Colleen Burton Campaign

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2298

City Lakeland State FL Zip Code 33806

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 13 / 2021

FEC Identification Number: C

Transaction ID : **SB29.6640**

Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

**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"/> 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. Conservatives for a Better Florida

Full Name (Last, First, Middle Initial)

Mailing Address 2600 South Douglas Rd
Suite 900

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 17 / 2021

FEC Identification Number: C

Transaction ID : SB29.6652

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Demi Busatta Cabrera Campaign

Full Name (Last, First, Middle Initial)

Mailing Address 2100 Salzedo Street
Suite 200

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 13 / 2021

FEC Identification Number: C

Transaction ID : SB29.6630

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Dennis Baxley for State Senate

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 830037

City Ocala State FL Zip Code 34483

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 13 / 2021

FEC Identification Number: C

Transaction ID : SB29.6626

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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"/> 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. Economic Freedom Committee		Date of Disbursement MM / DD / YYYY 12 / 13 / 2021
Mailing Address 610 S. Boulevard		FEC Identification Number C [REDACTED] Transaction ID : SB29.6632 Amount of Each Disbursement this Period [REDACTED] 2500.00
City Tampa	State FL	Zip Code 33606
Purpose of Disbursement		Category/ Type [REDACTED]
Candidate Name		
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Aaron Johanson		Date of Disbursement MM / DD / YYYY 12 / 03 / 2021
Mailing Address P.O. Box 30388		FEC Identification Number C [REDACTED] Transaction ID : SB29.6588 Amount of Each Disbursement this Period [REDACTED] 300.00
City Honolulu	State HI	Zip Code 96820
Purpose of Disbursement		Category/ Type [REDACTED]
Candidate Name		
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Della Au Belatti		Date of Disbursement MM / DD / YYYY 12 / 03 / 2021
Mailing Address P.O. Box 900		FEC Identification Number C [REDACTED] Transaction ID : SB29.6594 Amount of Each Disbursement this Period [REDACTED] 300.00
City Honolulu	State HI	Zip Code 96808
Purpose of Disbursement		Category/ Type [REDACTED]
Candidate Name		
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 3100.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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"/> 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 Donovan Dela Cruz

Mailing Address P.O. Box 860340

City
Wahiawa

State
HI

Zip Code
96786

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6612

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Karl Rhoads

Mailing Address P.O. Box 37443

City
Honolulu

State
HI

Zip Code
96837

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6620

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Linda Chaney

Mailing Address 2055 NW Diamond Creek Way

City
Jensen Beach

State
FL

Zip Code
34957

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6638

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

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

[REDACTED] 1500.00

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

[REDACTED]

**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"/> 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 Mark Nakashima		Date of Disbursement MM / DD / YYYY 12 / 03 / 2021	
Mailing Address PO Box 438		FEC Identification Number C [REDACTED] Transaction ID : SB29.6604 Amount of Each Disbursement this Period [REDACTED] 300.00	
City Honokaa	State HI	Zip Code 96727	Category/ Type [REDACTED]
Purpose of Disbursement		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Friends of Michelle Kidani		Date of Disbursement MM / DD / YYYY 12 / 03 / 2021	
Mailing Address P.O. Box 894515		FEC Identification Number C [REDACTED] Transaction ID : SB29.6616 Amount of Each Disbursement this Period [REDACTED] 500.00	
City Mililani	State HI	Zip Code 96789	Category/ Type [REDACTED]
Purpose of Disbursement		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Friends of Scott Saiki		Date of Disbursement MM / DD / YYYY 12 / 03 / 2021	
Mailing Address P.O. Box 12022		FEC Identification Number C [REDACTED] Transaction ID : SB29.6622 Amount of Each Disbursement this Period [REDACTED] 750.00	
City Honolulu	State HI	Zip Code 96828	Category/ Type [REDACTED]
Purpose of Disbursement		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1550.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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"/> 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. Friends of Sylvia Luke

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 2804

City Honolulu State HI Zip Code 96803

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 12 / 03 / 2021

FEC Identification Number: C
Transaction ID : **SB29.6606**
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Jackie Toledo Campaign

Full Name (Last, First, Middle Initial)
Mailing Address Post Office Box 320854

City Tampa State FL Zip Code 33679

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 12 / 13 / 2021

FEC Identification Number: C
Transaction ID : **SB29.6646**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Jason Pizzo Campaign

Full Name (Last, First, Middle Initial)
Mailing Address 2929 Southwest 3 Avenue

City Miami State FL Zip Code 33129

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 12 / 13 / 2021

FEC Identification Number: C
Transaction ID : **SB29.6634**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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 17 OF 19		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
ASSOCIATIONS INC. PAC/ASSOCIA PAC

Full Name (Last, First, Middle Initial) A. John Whitmire Campaign Fund		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 03 / 2021	
Mailing Address P.O. Box 7271		FEC Identification Number C Transaction ID : SB29.6602 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item	
City Houston	State TX		Zip Code 77248
Purpose of Disbursement Candidate Name			Category/ Type
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. KOUCHI FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 03 / 2021	
Mailing Address 2579 Nau Place		FEC Identification Number C Transaction ID : SB29.6592 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Memo Item	
City Lihue	State HI		Zip Code 96766
Purpose of Disbursement Candidate Name			Category/ Type
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) C. Living Life with Purpose		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 13 / 2021	
Mailing Address 1103 Hays Street		FEC Identification Number C Transaction ID : SB29.6644 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Memo Item	
City Tallahassee	State FL		Zip Code 32301
Purpose of Disbursement Candidate Name			Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	4250.00
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"/> 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. Mike Beltran Campaign

Full Name (Last, First, Middle Initial)

Mailing Address 5668 Fishhawk Crossing Blvd.

City Lithia State FL Zip Code 33547

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 13 / 2021

FEC Identification Number: C

Transaction ID : SB29.6650

Amount of Each Disbursement this Period: 500.00

Memo Item

B. No More Socialism

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 140702

City Coral Gables State FL Zip Code 33114

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 13 / 2021

FEC Identification Number: C

Transaction ID : SB29.6642

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Senator Judith Zaffirini Campaign

Full Name (Last, First, Middle Initial)

Mailing Address POST OFFICE BOX 627

City Laredo State TX Zip Code 78042

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 03 / 2021

FEC Identification Number: C

Transaction ID : SB29.6598

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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"/> 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. Texans for Charles Schwertner Full Name (Last, First, Middle Initial) Mailing Address PO Box 2448 City Georgetown State TX Zip Code 78627 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type			Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 03 / 2021 FEC Identification Number C Transaction ID : SB29.6600 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type			Date of Disbursement M M / D D / Y Y Y Y Y Y FEC Identification Number C Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type			Date of Disbursement M M / D D / Y Y Y Y Y Y FEC Identification Number C Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
SUBTOTAL of Disbursements This Page (optional)..... ▶			2000.00
TOTAL This Period (last page this line number only)..... ▶			28900.00