

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 300 Dallas TX 75205 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER 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 05 / 01 / 2012 through 05 / 31 / 2012

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 Nancy Cushman [Electronically Filed] Date 06 / 20 / 2012

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

**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="2012"/>	<input type="text" value="45831.48"/>	<input type="text" value="45831.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="69604.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5058.26"/>	<input type="text" value="33846.08"/>
(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="74662.64"/>	<input type="text" value="79677.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10318.50"/>	<input type="text" value="15333.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="64344.14"/>	<input type="text" value="64344.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	893.08	6837.30
(ii) Unitemized	4165.18	27008.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5058.26	33846.08
(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)	5058.26	33846.08
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))..... ▶	5058.26	33846.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5058.26	33846.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	18.50	192.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18.50	192.50
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 (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	20.00
(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	20.00
29. Other Disbursements	10300.00	15120.92
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)) ..	10318.50	15333.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10318.50	15333.42

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)	5058.26	33846.08
34. Total Contribution Refunds (from Line 28(d))	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5058.26	33826.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18.50	192.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18.50	192.50

**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 20
	<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

Full Name (Last, First, Middle Initial) A. Nicholas A Mazzearella		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR7683673757
Mailing Address 12701 Fair Lakes Cir Suite 400		Amount of Each Receipt this Period 50.00
City Fairfax	State VA	Zip Code 22033
FEC ID number of contributing federal political committee. C	Name of Employer Community Mgmt Corp	Occupation EVP-Field
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Nancy A Murphy		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR7683683757
Mailing Address 12701 Fair Lakes Cir Suite 400		Amount of Each Receipt this Period 40.00
City Fairfax	State VA	Zip Code 22033
FEC ID number of contributing federal political committee. C	Name of Employer Community Mgmt Corp	Occupation Vice President Field
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. George A Skrbn		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR7683793757
Mailing Address 2035 Harding St Suite 200		Amount of Each Receipt this Period 38.46
City Hollywood	State FL	Zip Code 33020
FEC ID number of contributing federal political committee. C	Name of Employer Dev Consultants Inc.	Occupation SVP-Field
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.30	P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	128.46
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 20
	<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. John A Carona
Full Name (Last, First, Middle Initial)

Mailing Address 5401 N Central Expressway
Suite 300

City Dallas State TX Zip Code 75205

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 ▼
1000.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR7684193757

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 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

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

Name of Employer Associations, Inc. Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR7684363757

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 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

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

Name of Employer Associations, Inc. Occupation VP Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR7684393757

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 290.00

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 20
	<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) A. Mark A Southall		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR7684523757
Mailing Address 12700 Park Central Dr Suite 600		Amount of Each Receipt this Period 57.70
City Dallas	State TX	Zip Code 75251
FEC ID number of contributing federal political committee. C		P/R Deduction (\$28.85 Bi-Weekly)
Name of Employer Pmg Of North Texas	Occupation President-Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.50	

Full Name (Last, First, Middle Initial) B. Robert A Rosenberg		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR7684533757
Mailing Address 5955 Tyrone Road Suite 1		Amount of Each Receipt this Period 50.00
City Reno	State NV	Zip Code 89502
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Associated Management Inc.	Occupation SVP-Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Judy A Rose		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR7684563757
Mailing Address 278 Franklin Rd Suite 140		Amount of Each Receipt this Period 38.46
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer Morris Property Mgmt	Occupation President-Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.30	

SUBTOTAL of Receipts This Page (optional).....▶	146.16
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 9 OF 20
<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

Full Name (Last, First, Middle Initial) A. Vandon A Cobbs		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR7684693757
Mailing Address 4222 Cox Rd Suite 110		Amount of Each Receipt this Period 50.00
City Glen Allen	State VA	Zip Code 23060
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Community Group, Inc	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Scott A Meardon		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR7684703757
Mailing Address 4222 Cox Rd Suite 110		Amount of Each Receipt this Period 40.00
City Glen Allen	State VA	Zip Code 23060
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Community Group, Inc	Occupation CEO- Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Kenneth A Bade		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR7684753757
Mailing Address 12701 Fair Lakes Cir Suite 400		Amount of Each Receipt this Period 38.46
City Fairfax	State VA	Zip Code 22033
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer Community Mgmt Corp	Occupation President-Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.30	

SUBTOTAL of Receipts This Page (optional).....▶	128.46
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 20
	<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. Michael A Packard
Full Name (Last, First, Middle Initial)

Mailing Address 5401 N. Central Expwy
Ste 300

City Dallas State TX Zip Code 75205

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

Name of Employer 411HOA Occupation SVP- Corporate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR7685003757

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Kelly A Moran
Full Name (Last, First, Middle Initial)

Mailing Address 9887 Fourth Street North
Suite 301

City St. Petersburg State FL Zip Code 33702

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

Name of Employer Rampart Properties Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR7686463757

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Ronald A Duprey
Full Name (Last, First, Middle Initial)

Mailing Address 5401 S. Kirkman Rd
Suite 450

City Orlando State FL Zip Code 32819

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

Name of Employer Community Management Occupation SVP-Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR7686733757

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	893.08

**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 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 William Espero

Mailing Address 91-944 Waihua Place

City Ewa Beach State HI Zip Code 96706

Purpose of Disbursement
William Espero, STATE SENATE 20th HI

Candidate Name
William Espero

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6387531

Amount of Each Disbursement this Period

200.00

William Espero, STATE SENATE 20th HI

Full Name (Last, First, Middle Initial)

B. Friends of Brickwood Galuteria

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: 2014 Primary General Other (specify) ▼
State: HI District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6387537

Amount of Each Disbursement this Period

200.00

Brickwood Galuteria, STATE SENATE 12th HI

Full Name (Last, First, Middle Initial)

C. Friends for 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: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 20

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6387539

Amount of Each Disbursement this Period

500.00

Calvin Say, STATE HOUSE 20th HI

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

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

900.00

**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. Friends of Carol Fukunaga

Mailing Address P.O. Box 61503

City Honolulu State HI Zip Code 96839

Purpose of Disbursement
Carol Fukunaga, STATE SENATE 11th HI

Candidate Name
HI Sen. Carol Fukunaga

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: HI District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6388973
Amount of Each Disbursement this Period
100.00

Carol Fukunaga, STATE SENATE 11th HI

Full Name (Last, First, Middle Initial)

B. Friends of Clayton Hee

Mailing Address P.O. Box 2816

City Honolulu State HI Zip Code 96803

Purpose of Disbursement
Clayton Hee, STATE SENATE 23rd HI

Candidate Name
HI Sen. Clayton Hee

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: HI District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6388974
Amount of Each Disbursement this Period
250.00

Clayton Hee, STATE SENATE 23rd HI

Full Name (Last, First, Middle Initial)

C. Friends for David Ige

Mailing Address 98-635 Kaahale Street

City Aiea State HI Zip Code 96701

Purpose of Disbursement
David Ige, STATE SENATE 16th HI

Candidate Name
David Ige

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6388975
Amount of Each Disbursement this Period
350.00

David Ige, STATE SENATE 16th HI

SUBTOTAL of Disbursements This Page (optional)..... ▶ 700.00
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 Donna Mercado Kim		Date of Disbursement MM / DD / YYYY 05 / 04 / 2012
Mailing Address 1528 Onipaa Street		Transaction ID : 6388982
City Honolulu State HI Zip Code 96819	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Donna Kim, STATE SENATE 14th HI	Category/Type 011	Donna Kim, STATE SENATE 14th HI
Candidate Name HI Sen. Donna Kim		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District:		

Full Name (Last, First, Middle Initial) B. Friends of Donovan Dela Cruz		Date of Disbursement MM / DD / YYYY 05 / 04 / 2012
Mailing Address P.O. Box 860340		Transaction ID : 6388984
City Wahiawa State HI Zip Code 96786	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Donovan Dela Cruz, STATE SENATE 22nd HI	Category/Type 011	Donovan Dela Cruz, STATE SENATE 22nd HI
Candidate Name HI Sen. Donovan Dela Cruz		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District:		

Full Name (Last, First, Middle Initial) C. Friends of Dwight Chong		Date of Disbursement MM / DD / YYYY 05 / 04 / 2012
Mailing Address P.O. Box 66602		Transaction ID : 6389080
City Kaneohe State HI Zip Code 96744	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Pono Chong, STATE HOUSE 49th HI	Category/Type 011	Pono Chong, STATE HOUSE 49th HI
Candidate Name HI Rep. Pono Chong		
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: 49		

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)

<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 Gil Keith-Agaran

Mailing Address P.O. Box 857

City Wailuku State HI Zip Code 97793

Purpose of Disbursement
Gil Keith-Agaran, STATE HOUSE 9th HI

Candidate Name
Gil S. Keith-Agaran

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 09

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6389081

Amount of Each Disbursement this Period
500.00

Gil Keith-Agaran, STATE HOUSE 9th HI

Full Name (Last, First, Middle Initial)

B. Friends of Karl Rhoads

Mailing Address P.O. Box 37442

City Honolulu State HI Zip Code 96837

Purpose of Disbursement
Karl Rhoads, STATE HOUSE 28th HI

Candidate Name
HI Rep. Karl Rhoads

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 28

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6389082

Amount of Each Disbursement this Period
500.00

Karl Rhoads, STATE HOUSE 28th HI

Full Name (Last, First, Middle Initial)

C. Friends of Ken Ito

Mailing Address P.O. Box 4354

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement
Ken Ito, STATE HOUSE 48th HI

Candidate Name
HI Rep. Ken Ito

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 48

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6389083

Amount of Each Disbursement this Period
100.00

Ken Ito, STATE HOUSE 48th HI

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

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

1100.00

**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. Friends of Linda Ichiyama

Mailing Address P.O. Box 1707

City Aiea State HI Zip Code 96701

Purpose of Disbursement
Linda Ichiyama, STATE HOUSE 31st HI

Candidate Name
HI Rep. Linda Ichiyama

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 31

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6389086

Amount of Each Disbursement this Period

100.00

Linda Ichiyama, STATE HOUSE 31st HI

Full Name (Last, First, Middle Initial)

B. Friends of Marcus Oshiro

Mailing Address P.O. Box 861149

City Wahiawa State HI Zip Code 96786

Purpose of Disbursement
Marcus Oshiro, STATE HOUSE 39th HI

Candidate Name
HI Rep. Marcus Oshiro

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 39

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6389087

Amount of Each Disbursement this Period

400.00

Marcus Oshiro, STATE HOUSE 39th HI

Full Name (Last, First, Middle Initial)

C. Friends of Marilyn Lee

Mailing Address 95-170 Newe Place

City Mililani State HI Zip Code 96789

Purpose of Disbursement
Marilyn Lee, STATE HOUSE 38th HI

Candidate Name
HI Rep. Marilyn Lee

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 38

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6389088

Amount of Each Disbursement this Period

500.00

Marilyn Lee, STATE HOUSE 38th HI

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

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

1000.00

**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. 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: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : 6389089

Amount of Each Disbursement this Period

500.00

Michelle Kidani, STATE SENATE 17th HI

Full Name (Last, First, Middle Initial)

B. Friends of Mike Gabbard

Mailing Address P.O. Box 75480

City Kapolei State HI Zip Code 96707

Purpose of Disbursement
Mike Gabbard, STATE SENATE 19th HI

Candidate Name
HI Sen. Mike Gabbard

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: HI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : 6389090

Amount of Each Disbursement this Period

100.00

Mike Gabbard, STATE SENATE 19th HI

Full Name (Last, First, Middle Initial)

C. Friends of Robert Herkes

Mailing Address P.O. Box 313

City Volcano State HI Zip Code 96785

Purpose of Disbursement
Robert Herkes, STATE HOUSE 5th HI

Candidate Name
Robert Herkes

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : 6389091

Amount of Each Disbursement this Period

500.00

Robert Herkes, STATE HOUSE 5th HI

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

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

1100.00

**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. 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: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : 6389092

Amount of Each Disbursement this Period

500.00

Rosalyn Baker, STATE SENATE 5th HI

Full Name (Last, First, Middle Initial)

B. Friends of Ryan Yamane

Mailing Address 84-1466 Okupu Street

City Waipahu State HI Zip Code 96797

Purpose of Disbursement
Ryan Yamane, STATE HOUSE 37th HI

Candidate Name
HI Rep. Ryan Yamane

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 37

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : 6389093

Amount of Each Disbursement this Period

500.00

Ryan Yamane, STATE HOUSE 37th HI

Full Name (Last, First, Middle Initial)

C. Friends of Scott Nishimoto

Mailing Address 3191 Charles St.

City Honolulu State HI Zip Code 96816

Purpose of Disbursement
Scott Nishimoto, STATE SENATE 21st HI

Candidate Name
Scott Nishimoto

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : 6389094

Amount of Each Disbursement this Period

100.00

Scott Nishimoto, STATE SENATE 21st HI

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

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

1100.00

**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. Friends of Scott Saiki

Mailing Address P.O. Box 12022

City Honolulu State HI Zip Code 96828

Purpose of Disbursement
Scott Saiki, STATE HOUSE 22nd HI

011
Category/
Type

Candidate Name

HI Rep. Scott Saiki

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District: 22

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6389098

Amount of Each Disbursement this Period

100.00

Scott Saiki, STATE HOUSE 22nd HI

Full Name (Last, First, Middle Initial)

B. Shan's Friends

Mailing Address P.O. Box 2578

City Wailuku State HI Zip Code 96793

Purpose of Disbursement
Shan Tsutsui, STATE SENATE 4th HI

011
Category/
Type

Candidate Name

Shan Tsutsui

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6389099

Amount of Each Disbursement this Period

250.00

Shan Tsutsui, STATE SENATE 4th HI

Full Name (Last, First, Middle Initial)

C. 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 40th HI

011
Category/
Type

Candidate Name

HI Rep. Sharon Har

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District: 40

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6389100

Amount of Each Disbursement this Period

100.00

Sharon Har, STATE HOUSE 40th HI

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

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

450.00

**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. Friends of Sylvia Luke

Mailing Address P.O. Box 2804

City Honolulu State HI Zip Code 96803

Purpose of Disbursement
Sylvia Luke, STATE SENATE 26th HI

Candidate Name

Sylvia Luke

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	2

Transaction ID : 6389101

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Sylvia Luke, STATE SENATE 26th HI

Full Name (Last, First, Middle Initial)

B. Friends of Tom Brower

Mailing Address 469 Ena Rd.
#2701

City Honolulu State HI Zip Code 96815

Purpose of Disbursement
Tom Brower, STATE HOUSE 23rd HI

Candidate Name

HI Rep. Tom Brower

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	2

Transaction ID : 6389102

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Tom Brower, STATE HOUSE 23rd HI

Full Name (Last, First, Middle Initial)

C. Friends of K. Mark Takai

Mailing Address P.O. Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement
K. Takai, STATE SENATE 34th HI

Candidate Name

K. Mark Takai

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	2

Transaction ID : 6389103

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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K. Takai, STATE SENATE 34th HI

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

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

7	0	0	0	0	0	0	0	0	0
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**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. Judith Zaffirini for Senate

Mailing Address P.O. Box 627

City Laredo State TX Zip Code 78042

Purpose of Disbursement
Judith Zaffirini, STATE SENATE 21st TX

011

Candidate Name
Judith Zaffirini

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : 6434888

Amount of Each Disbursement this Period

2500.00

Judith Zaffirini, STATE SENATE 21st TX

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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 Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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 Y Y

Amount of Each Disbursement this Period

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

2500.00

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

10300.00