

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.
Associations Inc. PAC/Associa PAC

ADDRESS (number and street)

 Check if different than previously reported. (ACC) TX

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 / / through / /

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 / /

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"/> | | 45831.48 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 69604.38 | |
| (c) Total Receipts (from Line 19) | 5058.26 | 33846.08 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 74662.64 | 79677.56 |
| 7. Total Disbursements (from Line 31)..... | 15318.50 | 20333.42 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 59344.14 | 59344.14 |
| 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

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)

Page 4

| 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 | 15300.00 | 20120.92 |
| 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)) .. | 15318.50 | 20333.42 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 15318.50 | 20333.42 |

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 |

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. Nicholas A Mazzearella
 Full Name (Last, First, Middle Initial)
 Mailing Address 12701 Fair Lakes Cir
 Suite 400
 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: Primary General Other (specify)
 Aggregate Year-to-Date **290.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR7683673757
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$25.00 Bi-Weekly)

B. Nancy A Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 12701 Fair Lakes Cir
 Suite 400
 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: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR7683683757
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. George A Skrbın
 Full Name (Last, First, Middle Initial)
 Mailing Address 2035 Harding St
 Suite 200
 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: Primary General Other (specify)
 Aggregate Year-to-Date **212.30**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR7683793757
 Amount of Each Receipt this Period **38.46**
 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"/> 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. 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"/> 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. 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 | 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 | P/R Deduction (\$25.00 Bi-Weekly) |

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

| | | |
|---|---|---|
| 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 | 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 | 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: | PAGE 10 OF 20 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. Michael A Packard

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)

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

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)

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

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:

Date of Disbursement

/ /

Transaction ID : 6388973

Amount of Each Disbursement this Period

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:

Date of Disbursement

/ /

Transaction ID : 6388974

Amount of Each Disbursement this Period

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:

Date of Disbursement

/ /

Transaction ID : 6388975

Amount of Each Disbursement this Period

David Ige, STATE SENATE 16th HI

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Friends of 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 State Zip Code
Aiea HI 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 State Zip Code
Wahiawa HI 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 State Zip Code
Mililani HI 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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 4 | | 2 | 0 | 1 | 2 |

Transaction ID : 6389089

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

Transaction ID : 6389090

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

Transaction ID : 6389091

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Robert Herkes, STATE HOUSE 5th HI

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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

011

Candidate Name

Rosalyn Baker

Category/
Type

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 : 6389092

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

011

Candidate Name

HI Rep. Ryan Yamane

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District: 37

Date of Disbursement

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

Transaction ID : 6389093

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

011

Candidate Name

Scott Nishimoto

Category/
Type

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 : 6389094

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Scott Nishimoto, STATE SENATE 21st HI

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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

/ /

Transaction ID : 6389098

Amount of Each Disbursement this Period

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

/ /

Transaction ID : 6389099

Amount of Each Disbursement this Period

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

/ /

Transaction ID : 6389100

Amount of Each Disbursement this Period

Sharon Har, STATE HOUSE 40th HI

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Friends of 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 M | / | D D D | / | Y Y Y Y Y |
| 05 | | 04 | | 2012 |

Transaction ID : 6389101

Amount of Each Disbursement this Period

| |
|--------|
| 100.00 |
|--------|

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

Transaction ID : 6389102

Amount of Each Disbursement this Period

| |
|--------|
| 100.00 |
|--------|

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

Transaction ID : 6389103

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

K. Takai, STATE SENATE 34th HI

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

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

| |
|--------|
| 700.00 |
|--------|

| |
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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

Full Name (Last, First, Middle Initial)

B. Bill Keffer for State Representative

Mailing Address 8401 N Central Exwy 630

City Dallas State TX Zip Code 75225

Purpose of Disbursement
Bill Keffer, STATE HOUSE 114th TX

011

Candidate Name

Bill Keffer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 14

Date of Disbursement

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

Transaction ID : 6535237

Amount of Each Disbursement this Period

5000.00

Bill Keffer, STATE HOUSE 114th TX

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

7500.00

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

15300.00