

# 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

Check if different than previously reported. (ACC) Suite 300

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  M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period  M M M / D D D / Y Y Y Y Y Y  02 / 01 / 2015 through  M M M / D D D / Y Y Y Y Y Y  02 / 28 / 2015

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 Paul Reyes

Signature of Treasurer Paul Reyes [Electronically Filed] Date  M M M / D D D / Y Y Y Y Y Y  03 / 19 / 2015

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

Office Use Only							
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Associations Inc. PAC/Associa PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="7575.28"/>	<input type="text" value="7575.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11687.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4311.64"/>	<input type="text" value="8605.28"/>
(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="15999.11"/>	<input type="text" value="16180.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="7181.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8999.11"/>	<input type="text" value="8999.11"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Associations Inc. PAC/Associa PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	853.98	853.98
(ii) Unitemized .....	3457.66	7751.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4311.64	8605.28
(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) .....	4311.64	8605.28
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))..... ▶	4311.64	8605.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4311.64	8605.28

**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 .....	0.00	181.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	181.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	5500.00	5500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7000.00	7181.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	7181.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4311.64	8605.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4311.64	8605.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	181.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	181.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<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**

Full Name (Last, First, Middle Initial) <b>A. Helen Eden Carona</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR117422916326</b>
Mailing Address 5401 N Central Expressway Suite 300		Amount of Each Receipt this Period 200.00
City Dallas State TX Zip Code 75205-3348	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Associations, Inc. Occupation EVP- Corporate	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Christina Yampanis</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR127618316326</b>
Mailing Address 5401 N Central Expressway Suite 300		Amount of Each Receipt this Period 150.00
City Dallas State TX Zip Code 75205-3348	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer Associations, Inc. Occupation Community Affairs Rep	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. John A Carona</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR76841916326</b>
Mailing Address 5401 N Central Expressway Suite 300		Amount of Each Receipt this Period 200.00
City Dallas State TX Zip Code 75205-3348	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Associations, Inc. Occupation CEO- Corporate	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ronald A Duprey</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR76867316326</b>
Mailing Address 5401 S. Kirkman Rd Suite 450		Amount of Each Receipt this Period 104.00
City Orlando	State FL	Zip Code 32819-7968
FEC ID number of contributing federal political committee. C	Name of Employer Community Management - Orlando	Occupation SVP-Field
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	P/R Deduction (\$52.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Andrew Fortin</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR94308516326</b>
Mailing Address 5401 N Central Expressway Suite 300		Amount of Each Receipt this Period 199.98
City Dallas	State TX	Zip Code 75205-3348
FEC ID number of contributing federal political committee. C	Name of Employer Associations, Inc.	Occupation VP - Govt & Public Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.96	P/R Deduction (\$99.99 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	303.98
<b>TOTAL</b> This Period (last page this line number only).....▶	853.98

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. David Balmer for Congress Committee

Mailing Address 4108 Park Road  
Suite 1404

City Charlotte State NC Zip Code 28209

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**David Balmer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

Transaction ID : 8980083

Amount of Each Disbursement this Period

500.00
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Direct Contribution

Full Name (Last, First, Middle Initial)

### B. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Jeb Hensarling**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

Transaction ID : 8980084

Amount of Each Disbursement this Period

1000.00
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Direct Contribution

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1500.00
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1500.00
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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. Paul Reyes for City Council**

Mailing Address 5401 North Central Expressway  
Suite 260

City Dallas State TX Zip Code 75205

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Paul Reyes**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2015

Transaction ID : 9009386

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Oscar Braynon Campaign**

Mailing Address P.O. Box 694804

City Miami Gardens State FL Zip Code 33056

Purpose of Disbursement  
Oscar Braynon, STATE SENATE 33rd FL

011

Candidate Name  
**FL Sen. Oscar Braynon II**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2015

Transaction ID : 9013316

Amount of Each Disbursement this Period

1000.00

Oscar Braynon, STATE SENATE 33rd FL

Full Name (Last, First, Middle Initial)

**C. Ritch Workman Campaign**

Mailing Address 6450 Anderson Way

City Melbourne State FL Zip Code 32940

Purpose of Disbursement  
Ritch Workman, STATE HOUSE 52nd FL

011

Candidate Name  
**FL Rep. Ritch Workman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2015

Transaction ID : 9013317

Amount of Each Disbursement this Period

1000.00

Ritch Workman, STATE HOUSE 52nd FL

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

4500.00

**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. Halsey Bashears Campaign

Mailing Address P.O. Box 755

City Monticello State FL Zip Code 32345

Purpose of Disbursement  
Halsey Bashears, STATE HOUSE 7th FL

Candidate Name

**Halsey Bashears**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : 9013318

Amount of Each Disbursement this Period

1000.00
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Halsey Bashears, STATE HOUSE 7th FL

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00
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5500.00
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