

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Associations, Inc. PAC	13 Filer ID (Ethics Commission Filers) 00067908
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,669.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 230,982.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. John Krueger

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Associations, Inc. PAC		18 Filer ID (Ethics Commission Filers) 00067908
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,669.61
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/192 Rpt: 4/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaro, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87112	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Client Acctng-Spec		9 Employer (See Instructions) Canyon Gate Real Estate Servic
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaro, Cynthia <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87112	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Canyon Gate Real Estate Servic
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaro, Cynthia <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87112	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Canyon Gate Real Estate Servic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abitia, Sophia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Sales-Mgr		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abitia, Sophia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Sales-Mgr		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/192 Rpt: 5/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abitia, Sophia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75216	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Sales-Mgr		9 Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Philip <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22901	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Philip <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22901	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Philip <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22901	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Community Group Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akpan, Caleb <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Copywriter		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/192 Rpt: 6/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akpan, Caleb	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Dallas, TX 75248		
8 Principal occupation / Job title (See Instructions) Copywriter		9 Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akpan, Caleb	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Copywriter		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al-Nazer, Sandra	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Gaithersburg, MD 20878		
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al-Nazer, Sandra	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Gaithersburg, MD 20878		
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al-Nazer, Sandra	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Gaithersburg, MD 20878		
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/192 Rpt: 7/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Algayer, Karen <hr/> 6 Contributor address; City; State; Zip Code Collingswood, NJ 08108	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Algayer, Karen <hr/> Contributor address; City; State; Zip Code Collingswood, NJ 08108	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Keli <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27604	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) H.R.W. INC.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Keli <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27604	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) H.R.W. INC.
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Keli <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27604	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) H.R.W. INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/192 Rpt: 8/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Tabitha <hr/> 6 Contributor address; City; State; Zip Code Manassas Park, VA 20111	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Tabitha <hr/> Contributor address; City; State; Zip Code Manassas Park, VA 20111	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Tabitha <hr/> Contributor address; City; State; Zip Code Manassas Park, VA 20111	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) CMC Virginia
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Brett <hr/> Contributor address; City; State; Zip Code Columbus, OH 43229	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) HR-Mgr		Employer (See Instructions) Real Property Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Brett <hr/> Contributor address; City; State; Zip Code Columbus, OH 43229	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) HR-Mgr		Employer (See Instructions) Real Property Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/192 Rpt: 9/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson, Jon <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Finance-VP-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson, Jon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Finance-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson, Jon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Finance-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrington, Michael <hr/> Contributor address; City; State; Zip Code Surprise, AZ 85378	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Arizona
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrington, Michael <hr/> Contributor address; City; State; Zip Code Surprise, AZ 85378	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Arizona

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/192 Rpt: 10/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arterbury, James <hr/> 6 Contributor address; City; State; Zip Code Marrietta, GA 30066	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Homeside Properties
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arterbury, James <hr/> Contributor address; City; State; Zip Code Marrietta, GA 30066	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Homeside Properties
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLUM, LINDA <hr/> Contributor address; City; State; Zip Code FREDERICK, MD 21703	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLUM, LINDA <hr/> Contributor address; City; State; Zip Code FREDERICK, MD 21703	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BORDEN, JOANN <hr/> Contributor address; City; State; Zip Code White Bear Lake, MN 55110	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Minnesota

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/192 Rpt: 11/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BORDEN, JOANN	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code White Bear Lake, MN 55110		
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Associa Minnesota
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BORDEN, JOANN	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code White Bear Lake, MN 55110		
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Minnesota
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, RODNEY	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code PONTIAC, MI 48340		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Land Arc Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, RODNEY	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code PONTIAC, MI 48340		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Land Arc Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, RODNEY	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code PONTIAC, MI 48340		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Land Arc Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/192 Rpt: 12/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bach, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Centreville, VA 20120	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		9 Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bach, Jonathan <hr/> Contributor address; City; State; Zip Code Centreville, VA 20120	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bach, Jonathan <hr/> Contributor address; City; State; Zip Code Centreville, VA 20120	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) CMC Virginia
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskin, Dmitriy <hr/> Contributor address; City; State; Zip Code Freehold, NJ 07728	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskin, Dmitriy <hr/> Contributor address; City; State; Zip Code Freehold, NJ 07728	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/192 Rpt: 13/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskin, Dmitriy <hr/> 6 Contributor address; City; State; Zip Code Freehold, NJ 07728	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Property Manager		9 Employer (See Instructions) Choice NY Property Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Teressa <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Organizational Dev-Mgr		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Teressa <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Organizational Dev-Mgr		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Teressa <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Organizational Dev-Mgr		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benvin, Daniel <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Houston Community Mgmt Service

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/192 Rpt: 14/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benvin, Daniel <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) Houston Community Mgmt Service
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloomer, Lisa <hr/> Contributor address; City; State; Zip Code Alexandria, KY 41001	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Onsite Manager		Employer (See Instructions) Community Management Solutions
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloomer, Lisa <hr/> Contributor address; City; State; Zip Code Alexandria, KY 41001	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Onsite Manager		Employer (See Instructions) Community Management Solutions
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boeck, Michelle <hr/> Contributor address; City; State; Zip Code North Branch, MN 55056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) HR-Mgr (Regional)		Employer (See Instructions) Cities Management Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boeck, Michelle <hr/> Contributor address; City; State; Zip Code North Branch, MN 55056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) HR-Mgr (Regional)		Employer (See Instructions) Cities Management Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/192 Rpt: 15/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boeck, Michelle <hr/> 6 Contributor address; City; State; Zip Code North Branch, MN 55056	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) HR-Mgr (Regional)		9 Employer (See Instructions) Cities Management Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boesen, Paige <hr/> Contributor address; City; State; Zip Code Sparks, NV 89431	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Sierra North
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boesen, Paige <hr/> Contributor address; City; State; Zip Code Sparks, NV 89431	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Sierra North
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boesen, Paige <hr/> Contributor address; City; State; Zip Code Sparks, NV 89431	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Sierra North
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borek, Sara <hr/> Contributor address; City; State; Zip Code Escondido, CA 92026	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) The Prescott Companies Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/192 Rpt: 16/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borek, Sara <hr/> 6 Contributor address; City; State; Zip Code Escondido, CA 92026	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) The Prescott Companies Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyles III, Robert <hr/> Contributor address; City; State; Zip Code Bordentown, NJ 08505	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) CMC NJ
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyles III, Robert <hr/> Contributor address; City; State; Zip Code Bordentown, NJ 08505	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) CMC NJ
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bramlett, Matthew <hr/> Contributor address; City; State; Zip Code Henderson, CO 80640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Associa Colorado
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bramlett, Matthew <hr/> Contributor address; City; State; Zip Code Henderson, CO 80640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Associa Colorado

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/192 Rpt: 17/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braun, Robyn <hr/> 6 Contributor address; City; State; Zip Code Millbrook, IL 60536	7 Amount of Contribution (\$) \$11.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) Associa Chicagoland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braun, Robyn <hr/> Contributor address; City; State; Zip Code Millbrook, IL 60536	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Chicagoland
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bricker, Shelly <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92255	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bricker, Shelly <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92255	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, P. <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/192 Rpt: 18/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, P. <hr/> 6 Contributor address; City; State; Zip Code Reston, VA 20191	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, P. <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) CMC Virginia
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, John <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CIO		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, John <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CIO		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, John <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CIO		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/192 Rpt: 19/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brokaw, Heather <hr/> 6 Contributor address; City; State; Zip Code Lehigh Acres, FL 33974	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Associa Gulf Coast Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brokaw, Heather <hr/> Contributor address; City; State; Zip Code Lehigh Acres, FL 33974	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Gulf Coast Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Arthur <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30022	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Homeside Properties
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Arthur <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30022	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Homeside Properties
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buha, Colleen <hr/> Contributor address; City; State; Zip Code Waterford, MI 48329	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Kramer Triad Management Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/192 Rpt: 20/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buha, Colleen <hr/> 6 Contributor address; City; State; Zip Code Waterford, MI 48329	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buha, Colleen <hr/> Contributor address; City; State; Zip Code Waterford, MI 48329	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Kramer Triad Management Group
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bupp, Derek <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bupp, Derek <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bupp, Derek <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/192 Rpt: 21/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Michelle <hr/> 6 Contributor address; City; State; Zip Code Warminster, PA 18974	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) General Mgr (I)		9 Employer (See Instructions) Mid Atlantic Management Corp
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Michelle <hr/> Contributor address; City; State; Zip Code Warminster, PA 18974	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Mid Atlantic Management Corp
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnside, Michelle <hr/> Contributor address; City; State; Zip Code Mabank, TX 75147	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) HR-VP		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnside, Michelle <hr/> Contributor address; City; State; Zip Code Mabank, TX 75147	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) HR-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnside, Michelle <hr/> Contributor address; City; State; Zip Code Mabank, TX 75147	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) HR-VP		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/192 Rpt: 22/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Joseph <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Acctng-Spec (I)		9 Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Joseph <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Spec (I)		Employer (See Instructions) CSSC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Annette <hr/> Contributor address; City; State; Zip Code Ruskin, FL 33573	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Gulf Coast Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Annette <hr/> Contributor address; City; State; Zip Code Ruskin, FL 33573	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Gulf Coast Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALVERT, BYRON <hr/> Contributor address; City; State; Zip Code PASADINA, MD 21122	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Legum & Norman Realty Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/192 Rpt: 23/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALVERT, BYRON <hr/> 6 Contributor address; City; State; Zip Code PASADINA, MD 21122	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Walter <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23451	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Walter <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23451	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Walter <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23451	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Community Group Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Clinton <hr/> Contributor address; City; State; Zip Code Lauderhill, FL 33311	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Marquis

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/192 Rpt: 24/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Clinton <hr/> 6 Contributor address; City; State; Zip Code Lauderhill, FL 33311	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) Marquis
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos, Ellen <hr/> Contributor address; City; State; Zip Code Kailua, HI 96734	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Acctng-Mgr (Branch)		Employer (See Instructions) Associa Hawaii
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos, Ellen <hr/> Contributor address; City; State; Zip Code Kailua, HI 96734	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Acctng-Mgr (Branch)		Employer (See Instructions) Associa Hawaii
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos, Ellen <hr/> Contributor address; City; State; Zip Code Kailua, HI 96734	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Acctng-Mgr (Branch)		Employer (See Instructions) Associa Hawaii
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carona, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Mgmt-Mgr		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/192 Rpt: 25/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carona, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Project Mgmt-Mgr		9 Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carona, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Mgmt-Mgr		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carona, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75360	Amount of Contribution (\$) \$190.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carona, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75360	Amount of Contribution (\$) \$190.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carona, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75360	Amount of Contribution (\$) \$190.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/192 Rpt: 26/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Tiffany <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Houston Community Mgmt Service
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Tiffany <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Houston Community Mgmt Service
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Connor <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Connor <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Connor <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/192 Rpt: 27/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Darrin <hr/> 6 Contributor address; City; State; Zip Code Round Hill, VA 20141	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Darrin <hr/> Contributor address; City; State; Zip Code Round Hill, VA 20141	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Darrin <hr/> Contributor address; City; State; Zip Code Round Hill, VA 20141	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) CMC Virginia
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Brian <hr/> Contributor address; City; State; Zip Code King of Prussia, PA 19406	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Mid Atlantic Management Corp
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Brian <hr/> Contributor address; City; State; Zip Code King of Prussia, PA 19406	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Mid Atlantic Management Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/192 Rpt: 28/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Donna <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87120	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Canyon Gate Real Estate Servic
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Donna <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87120	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Canyon Gate Real Estate Servic
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Donna <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87120	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Canyon Gate Real Estate Servic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcote, Patricia <hr/> Contributor address; City; State; Zip Code Linden, VA 22642	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcote, Patricia <hr/> Contributor address; City; State; Zip Code Linden, VA 22642	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/192 Rpt: 29/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcote, Patricia <hr/> 6 Contributor address; City; State; Zip Code Linden, VA 22642	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) General Mgr (II)		9 Employer (See Instructions) CMC Virginia
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chounramany, Vannouvong <hr/> Contributor address; City; State; Zip Code Springfield, VA 22151	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chounramany, Vannouvong <hr/> Contributor address; City; State; Zip Code Springfield, VA 22151	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chounramany, Vannouvong <hr/> Contributor address; City; State; Zip Code Springfield, VA 22151	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) CMC Virginia
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cicogna, Leslee <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) Associa Hill Country

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/192 Rpt: 30/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cicogna, Leslee <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78259	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Trainer		9 Employer (See Instructions) Associa Hill Country
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cicogna, Leslee <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) Associa Hill Country
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Allison <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Marketing-Specialist		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Allison <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Marketing-Specialist		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Allison <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Marketing-Specialist		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/192 Rpt: 31/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Sasha <hr/> 6 Contributor address; City; State; Zip Code Fowlerville, MI 48836	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Land Arc Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Sasha <hr/> Contributor address; City; State; Zip Code Fowlerville, MI 48836	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Land Arc Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Sasha <hr/> Contributor address; City; State; Zip Code Fowlerville, MI 48836	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Land Arc Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clausen, Sarah <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Communications-Dir		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clausen, Sarah <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Communications-Dir		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/192 Rpt: 32/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clausen, Sarah <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75002	7 Amount of Contribution (\$) \$14.00
8 Principal occupation / Job title (See Instructions) Communications-Dir		9 Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobbs, Vandon <hr/> Contributor address; City; State; Zip Code Montpelier, VA 23192	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobbs, Vandon <hr/> Contributor address; City; State; Zip Code Montpelier, VA 23192	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobbs, Vandon <hr/> Contributor address; City; State; Zip Code Montpelier, VA 23192	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Community Group Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Norma <hr/> Contributor address; City; State; Zip Code Sugar Hill, GA 30518	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Homeside Properties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/192 Rpt: 33/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Norma <hr/> 6 Contributor address; City; State; Zip Code Sugar Hill, GA 30518	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Homeside Properties
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Paula <hr/> Contributor address; City; State; Zip Code Panama City, FL 32405	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Burg Management Co Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Paula <hr/> Contributor address; City; State; Zip Code Panama City, FL 32405	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Burg Management Co Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corcoran, Kim <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87110	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) OPS-Dir-Corporate Dev		Employer (See Instructions) Canyon Gate Real Estate Servic
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corcoran, Kim <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87110	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) OPS-Dir-Corporate Dev		Employer (See Instructions) Canyon Gate Real Estate Servic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/192 Rpt: 34/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corcoran, Kim	7 Amount of Contribution (\$) \$36.00
6 Contributor address; City; State; Zip Code Albuquerque, NM 87110		
8 Principal occupation / Job title (See Instructions) OPS-Dir-Corporate Dev		9 Employer (See Instructions) Canyon Gate Real Estate Servic
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crenshaw, Elias	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code San Diego, CA 92120		
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) N N Jaeschke Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosby II, Carnell	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Royal Oak, MI 48073		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosby II, Carnell	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Royal Oak, MI 48073		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosby II, Carnell	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Royal Oak, MI 48073		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Kramer Triad Management Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/192 Rpt: 35/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouse, Karen <hr/> 6 Contributor address; City; State; Zip Code Waterford, MI 48328	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouse, Karen <hr/> Contributor address; City; State; Zip Code Waterford, MI 48328	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouse, Karen <hr/> Contributor address; City; State; Zip Code Waterford, MI 48328	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Kramer Triad Management Group
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Christie <hr/> Contributor address; City; State; Zip Code Desert Hot Springs, CA 92240	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Christie <hr/> Contributor address; City; State; Zip Code Desert Hot Springs, CA 92240	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Desert Resort Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/192 Rpt: 36/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cvach, Joseph	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Clearwater, FL 33755		
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Associa Gulf Coast Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cvach, Joseph	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Clearwater, FL 33755		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Gulf Coast Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Ambruoso, Barbara	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Canton, GA 30115		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Homeside Properties
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Ambruoso, Barbara	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Canton, GA 30115		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Homeside Properties
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Souza, Tessa	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Fallbrook, CA 92028		
Principal occupation / Job title (See Instructions) HR-Mgr		Employer (See Instructions) N N Jaeschke Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/192 Rpt: 37/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Souza, Tessa <hr/> 6 Contributor address; City; State; Zip Code Fallbrook, CA 92028	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) HR-Mgr		9 Employer (See Instructions) N N Jaeschke Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNN, ANNA <hr/> Contributor address; City; State; Zip Code Brooklyn Park, MN 55428	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Associa Minnesota
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNN, ANNA <hr/> Contributor address; City; State; Zip Code Brooklyn Park, MN 55428	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Associa Minnesota
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNN, ANNA <hr/> Contributor address; City; State; Zip Code Brooklyn Park, MN 55428	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Associa Minnesota
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahl, Dianne <hr/> Contributor address; City; State; Zip Code Port Charlotte, FL 33954	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Gulf Coast Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/192 Rpt: 38/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahl, Dianne	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Port Charlotte, FL 33954		
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Associa Gulf Coast Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlberg, Melinda	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Cambridge, MN 55008		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Cities Management Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlberg, Melinda	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Cambridge, MN 55008		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Cities Management Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlberg, Melinda	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Cambridge, MN 55008		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Cities Management Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Joshlyn	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Oak Point, TX 75068		
Principal occupation / Job title (See Instructions) Implem-VP		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/192 Rpt: 39/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Joshlyn <hr/> 6 Contributor address; City; State; Zip Code Oak Point, TX 75068	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Implem-VP		9 Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Joshlyn <hr/> Contributor address; City; State; Zip Code Oak Point, TX 75068	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Implem-VP		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danys, Dorian <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34238	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP		Employer (See Instructions) Associa Gulf Coast Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danys, Dorian <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34238	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP		Employer (See Instructions) Associa Gulf Coast Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Rosa, Andrew <hr/> Contributor address; City; State; Zip Code Hialeah, FL 33014	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Cust Serv-Mgr		Employer (See Instructions) Association Services of Florid

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/192 Rpt: 40/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Rosa, Andrew <hr/> 6 Contributor address; City; State; Zip Code Hialeah, FL 33014	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Cust Serv-Mgr		9 Employer (See Instructions) Association Services of Florid
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Rosa, Andrew <hr/> Contributor address; City; State; Zip Code Hialeah, FL 33014	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Cust Serv-Mgr		Employer (See Instructions) Association Services of Florid
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Patricia <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Mgr-Sr		Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Patricia <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Mgr-Sr		Employer (See Instructions) CSSC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dees, Cortney <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23453	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Community Group Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/192 Rpt: 41/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dees, Cortney <hr/> 6 Contributor address; City; State; Zip Code Virginia Beach, VA 23453	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dees, Cortney <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23453	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Community Group Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dehn, Jeanine <hr/> Contributor address; City; State; Zip Code Haymarket, VA 20169	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dehn, Jeanine <hr/> Contributor address; City; State; Zip Code Haymarket, VA 20169	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dehn, Jeanine <hr/> Contributor address; City; State; Zip Code Haymarket, VA 20169	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/192 Rpt: 42/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Alicia <hr/> 6 Contributor address; City; State; Zip Code Elgin, IL 60124	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Associa Chicagoland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Alicia <hr/> Contributor address; City; State; Zip Code Elgin, IL 60124	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Chicagoland
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessaints, Tiffany <hr/> Contributor address; City; State; Zip Code Springtown, TX 76082	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) PMG North Texas
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessaints, Tiffany <hr/> Contributor address; City; State; Zip Code Springtown, TX 76082	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) PMG North Texas
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessaints, Tiffany <hr/> Contributor address; City; State; Zip Code Springtown, TX 76082	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) PMG North Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/192 Rpt: 43/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Detar, Rachael <hr/> 6 Contributor address; City; State; Zip Code St. Clair Shores, MI 48081	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Detar, Rachael <hr/> Contributor address; City; State; Zip Code St. Clair Shores, MI 48081	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Detar, Rachael <hr/> Contributor address; City; State; Zip Code St. Clair Shores, MI 48081	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Kramer Triad Management Group
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devlin, Elaine <hr/> Contributor address; City; State; Zip Code Nashua, NH 03062	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Evergreen Harvard Group LLC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devlin, Elaine <hr/> Contributor address; City; State; Zip Code Nashua, NH 03062	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Evergreen Harvard Group LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/192 Rpt: 44/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge, Jamie	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Palm Desert, CA 92260		
8 Principal occupation / Job title (See Instructions) General Mgr (I)		9 Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge, Jamie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Palm Desert, CA 92260		
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge, Mark	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Palm Desert, CA 92260		
Principal occupation / Job title (See Instructions) Ops-VP		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge, Mark	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Palm Desert, CA 92260		
Principal occupation / Job title (See Instructions) Ops-VP		Employer (See Instructions) Desert Resort Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson, Clint	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Crowley, TX 76036		
Principal occupation / Job title (See Instructions) IT-Helpdesk-Lead		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/192 Rpt: 45/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson, Clint	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Crowley, TX 76036		
8 Principal occupation / Job title (See Instructions) IT-Helpdesk-Lead		9 Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson, Clint	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Crowley, TX 76036		
Principal occupation / Job title (See Instructions) IT-Helpdesk-Lead		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Drew	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Westfield, NJ 07090		
Principal occupation / Job title (See Instructions) COO and Sr Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Drew	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Westfield, NJ 07090		
Principal occupation / Job title (See Instructions) COO and Sr Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Drew	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Westfield, NJ 07090		
Principal occupation / Job title (See Instructions) COO and Sr Property Manager		Employer (See Instructions) Choice NY Property Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/192 Rpt: 46/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downs, Tracy <hr/> 6 Contributor address; City; State; Zip Code Laporte, TX 77571	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Houston Community Mgmt Service
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downs, Tracy <hr/> Contributor address; City; State; Zip Code Laporte, TX 77571	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Houston Community Mgmt Service
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draghici, Mihaela <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22030	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Acctant-Sr (III)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draghici, Mihaela <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22030	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Acctant-Sr (III)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draghici, Mihaela <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22030	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Acctant-Sr (III)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/192 Rpt: 47/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Tara <hr/> 6 Contributor address; City; State; Zip Code Largo, FL 33773	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) Associa Gulf Coast Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Tara <hr/> Contributor address; City; State; Zip Code Largo, FL 33773	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Gulf Coast Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duprey, Ronald <hr/> Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Intg Svcs-VP		Employer (See Instructions) CMP Orlando
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duprey, Ronald <hr/> Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Intg Svcs-VP		Employer (See Instructions) CMP Orlando
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Kenneth <hr/> Contributor address; City; State; Zip Code Glen Allen, VA 23060	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Community Group Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/192 Rpt: 48/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Kenneth	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Glen Allen, VA 23060		
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Kenneth	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Glen Allen, VA 23060		
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Community Group Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddy, Andrea	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Hilton Head Island, SC 29926		
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Atlantic States Management
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddy, Andrea	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Hilton Head Island, SC 29926		
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Atlantic States Management
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddy, Andrea	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Hilton Head Island, SC 29926		
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Atlantic States Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/192 Rpt: 49/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eden Carona, Helen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) CCO-Chief Corporate Officer		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eden Carona, Helen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) CCO-Chief Corporate Officer		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eden Carona, Helen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) CCO-Chief Corporate Officer		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eggleston, Kelly <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87120	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Canyon Gate Real Estate Servic
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eggleston, Kelly <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87120	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Canyon Gate Real Estate Servic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/192 Rpt: 50/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eggleston, Kelly <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87120	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-VP (Branch)		9 Employer (See Instructions) Canyon Gate Real Estate Servic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emery, Richard <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96816	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Associa Hawaii
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emery, Richard <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96816	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Associa Hawaii
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emery, Richard <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96816	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Associa Hawaii
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Encabo, Miguel Liam <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) CSSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/192 Rpt: 51/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Encabo, Miguel Liam	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Rockwall, TX 75032		
8 Principal occupation / Job title (See Instructions) Admin-Asst		9 Employer (See Instructions) CSSC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Maria	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code La Quinta, CA 92253		
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Maria	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code La Quinta, CA 92253		
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Desert Resort Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FULKES, LORIE	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code WINTER PARK, FL 32792		
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Hara Community
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FULKES, LORIE	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code WINTER PARK, FL 32792		
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Hara Community

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/192 Rpt: 52/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FULKES, LORIE <hr/> 6 Contributor address; City; State; Zip Code WINTER PARK, FL 32792	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Hara Community
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon-Heneghan, Gina <hr/> Contributor address; City; State; Zip Code Oceanside, CA 92057	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) N N Jaeschke Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon-Heneghan, Gina <hr/> Contributor address; City; State; Zip Code Oceanside, CA 92057	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) N N Jaeschke Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farkas, Greg <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) PMG North Texas
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farkas, Greg <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) PMG North Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/192 Rpt: 53/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farkas, Greg <hr/> 6 Contributor address; City; State; Zip Code Hurst, TX 76054	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) PMG North Texas
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fazekas, Joseph <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Maint-Mgr		Employer (See Instructions) Associa Hill Country
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fazekas, Joseph <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Maint-Mgr		Employer (See Instructions) Associa Hill Country
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fazekas, Joseph <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Maint-Mgr		Employer (See Instructions) Associa Hill Country
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fazekas, Shawn <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) CSSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/192 Rpt: 54/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fazekas, Shawn	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Rockwall, TX 75087		
8 Principal occupation / Job title (See Instructions) Ops-VP (Regional)		9 Employer (See Instructions) CSSC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Michael	Amount of Contribution (\$) \$38.46
Contributor address; City; State; Zip Code Warren, NJ 07059		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Choice NY Property Management
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Michael	Amount of Contribution (\$) \$38.46
Contributor address; City; State; Zip Code Warren, NJ 07059		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Choice NY Property Management
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Michael	Amount of Contribution (\$) \$38.46
Contributor address; City; State; Zip Code Warren, NJ 07059		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Choice NY Property Management
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felicione, Geraldine	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Toms River, NJ 08755		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) MAMCO - Mid Atlantic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/192 Rpt: 55/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felicione, Geraldine <hr/> 6 Contributor address; City; State; Zip Code Toms River, NJ 08755	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) MAMCO - Mid Atlantic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fewell, Caren <hr/> Contributor address; City; State; Zip Code Portland, OR 97229	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Blue Mountain Community Mgmt L
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fewell, Caren <hr/> Contributor address; City; State; Zip Code Portland, OR 97229	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Blue Mountain Community Mgmt L
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fewell, Caren <hr/> Contributor address; City; State; Zip Code Portland, OR 97229	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Blue Mountain Community Mgmt L
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish, Stuart <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11209	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/192 Rpt: 56/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish, Stuart	7 Amount of Contribution (\$) \$7.50
6 Contributor address; City; State; Zip Code Brooklyn, NY 11209		
8 Principal occupation / Job title (See Instructions) Property Manager		9 Employer (See Instructions) Choice NY Property Management
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish, Stuart	Amount of Contribution (\$) \$7.50
Contributor address; City; State; Zip Code Brooklyn, NY 11209		
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Erica	Amount of Contribution (\$) \$13.00
Contributor address; City; State; Zip Code Sparrows Point, MD 21219		
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Erica	Amount of Contribution (\$) \$13.00
Contributor address; City; State; Zip Code Sparrows Point, MD 21219		
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Erica	Amount of Contribution (\$) \$13.00
Contributor address; City; State; Zip Code Sparrows Point, MD 21219		
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/192 Rpt: 57/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flinchum, Adam	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Arlington, VA 22203		
8 Principal occupation / Job title (See Instructions) General Mgr-Asst		9 Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flinchum, Adam	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Arlington, VA 22203		
Principal occupation / Job title (See Instructions) General Mgr-Asst		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flinchum, Adam	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Arlington, VA 22203		
Principal occupation / Job title (See Instructions) General Mgr-Asst		Employer (See Instructions) CMC Virginia
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foell, Kathryn	Amount of Contribution (\$) \$9.62
Contributor address; City; State; Zip Code The Colony, TX 75056		
Principal occupation / Job title (See Instructions) IT-Adminstr-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foell, Kathryn	Amount of Contribution (\$) \$9.62
Contributor address; City; State; Zip Code The Colony, TX 75056		
Principal occupation / Job title (See Instructions) IT-Adminstr-VP-Sr		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/192 Rpt: 58/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foell, Kathryn <hr/> 6 Contributor address; City; State; Zip Code The Colony, TX 75056	7 Amount of Contribution (\$) \$9.62
8 Principal occupation / Job title (See Instructions) IT-Adminstr-VP-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortin, Andrew <hr/> Contributor address; City; State; Zip Code Fort Meade, FL 33841	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortin, Andrew <hr/> Contributor address; City; State; Zip Code Fort Meade, FL 33841	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortin, Andrew <hr/> Contributor address; City; State; Zip Code Fort Meade, FL 33841	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Jeff <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Project Mgmt-Dir		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/192 Rpt: 59/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Jeff	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Arlington, TX 76001		
8 Principal occupation / Job title (See Instructions) Project Mgmt-Dir		9 Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Jeff	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Arlington, TX 76001		
Principal occupation / Job title (See Instructions) Project Mgmt-Dir		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frangiosa, Theresa	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Jeffersonville, PA 19403		
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Mid Atlantic Management Corp
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frangiosa, Theresa	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Jeffersonville, PA 19403		
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Mid Atlantic Management Corp
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frieling, Angela	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Chief Mrkting Officer		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/192 Rpt: 60/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frieling, Angela <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Chief Mrkting Officer		9 Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frieling, Angela <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Chief Mrkting Officer		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Matthew <hr/> Contributor address; City; State; Zip Code Madison Heights, MI 48071	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Code Enforc-Assc		Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Matthew <hr/> Contributor address; City; State; Zip Code Madison Heights, MI 48071	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Code Enforc-Assc		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Matthew <hr/> Contributor address; City; State; Zip Code Madison Heights, MI 48071	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Code Enforc-Assc		Employer (See Instructions) Kramer Triad Management Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/192 Rpt: 61/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUNN, RUTH	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code FAIRFAX, VA 22031		
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUNN, RUTH	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code FAIRFAX, VA 22031		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galambos, Theresa	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Sterling, VA 20164		
Principal occupation / Job title (See Instructions) Acctng-Dir (Branch)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galambos, Theresa	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Sterling, VA 20164		
Principal occupation / Job title (See Instructions) Acctng-Dir (Branch)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galambos, Theresa	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Sterling, VA 20164		
Principal occupation / Job title (See Instructions) Acctng-Dir (Branch)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/192 Rpt: 62/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamiz, Jennifer	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Mansfield, TX 76063		
8 Principal occupation / Job title (See Instructions) Marketing-Dir-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamiz, Jennifer	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Marketing-Dir-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamiz, Jennifer	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Marketing-Dir-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Rebecca	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Palm Desert, CA 92260		
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Rebecca	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Palm Desert, CA 92260		
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Desert Resort Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/192 Rpt: 63/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jose <hr/> 6 Contributor address; City; State; Zip Code St. Paul, TX 75098	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Ops-VP		9 Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jose <hr/> Contributor address; City; State; Zip Code St. Paul, TX 75098	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Ops-VP		Employer (See Instructions) CSSC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Kara <hr/> Contributor address; City; State; Zip Code Edmond, OK 73013	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Neighborhood Services Corp
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Kara <hr/> Contributor address; City; State; Zip Code Edmond, OK 73013	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Neighborhood Services Corp
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Kara <hr/> Contributor address; City; State; Zip Code Edmond, OK 73013	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Neighborhood Services Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/192 Rpt: 64/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Lori	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Saline, MI 48176		
8 Principal occupation / Job title (See Instructions) Client Acctng-Spec		9 Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Lori	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Saline, MI 48176		
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Lori	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Saline, MI 48176		
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Kramer Triad Management Group
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillman, Andrew	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Miami, FL 33138		
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Marquis
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillman, Andrew	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Miami, FL 33138		
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Marquis

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gjeloshaj, Albert <hr/> 6 Contributor address; City; State; Zip Code Bloomfield hills, MI 48304	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gjeloshaj, Albert <hr/> Contributor address; City; State; Zip Code Bloomfield hills, MI 48304	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gjeloshaj, Albert <hr/> Contributor address; City; State; Zip Code Bloomfield hills, MI 48304	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Kramer Triad Management Group
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goffin, Stacy <hr/> Contributor address; City; State; Zip Code Waldorf, MD 20603	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goffin, Stacy <hr/> Contributor address; City; State; Zip Code Waldorf, MD 20603	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Legum & Norman Realty Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/192 Rpt: 66/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Zachary <hr/> 6 Contributor address; City; State; Zip Code Hawkins, TX 75765	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) IT-Syss-Eng		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Zachary <hr/> Contributor address; City; State; Zip Code Hawkins, TX 75765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) IT-Syss-Eng		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Zachary <hr/> Contributor address; City; State; Zip Code Hawkins, TX 75765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) IT-Syss-Eng		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graf, Selina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Associa Hill Country
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graf, Selina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Associa Hill Country

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/192 Rpt: 67/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graf, Selina <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78259	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr-Asst		9 Employer (See Instructions) Associa Hill Country
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granozio, Joanne <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08002	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granozio, Joanne <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08002	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) MAMCO - Mid Atlantic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Jennifer <hr/> Contributor address; City; State; Zip Code Ewa Beach, HI 96706	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Associa Hawaii
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Jennifer <hr/> Contributor address; City; State; Zip Code Ewa Beach, HI 96706	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Associa Hawaii

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/192 Rpt: 68/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Ewa Beach, HI 96706	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Associa Hawaii
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Lee <hr/> Contributor address; City; State; Zip Code Boston, MA 02124	Amount of Contribution (\$) \$48.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Evergreen Harvard Group LLC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Lee <hr/> Contributor address; City; State; Zip Code Boston, MA 02124	Amount of Contribution (\$) \$48.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Evergreen Harvard Group LLC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Dawn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60640	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Chicagoland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Dawn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60640	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Chicagoland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/192 Rpt: 69/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Crystal <hr/> 6 Contributor address; City; State; Zip Code Columbia, TN 38401	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Onsite Manager		9 Employer (See Instructions) Associa Tennessee
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Crystal <hr/> Contributor address; City; State; Zip Code Columbia, TN 38401	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Onsite Manager		Employer (See Instructions) Associa Tennessee
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Crystal <hr/> Contributor address; City; State; Zip Code Columbia, TN 38401	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Onsite Manager		Employer (See Instructions) Associa Tennessee
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, Colleen <hr/> Contributor address; City; State; Zip Code Jacksonville, FL 32224	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) CMC Jacksonville
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, Colleen <hr/> Contributor address; City; State; Zip Code Jacksonville, FL 32224	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) CMC Jacksonville

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/192 Rpt: 70/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, Colleen <hr/> 6 Contributor address; City; State; Zip Code Jacksonville, FL 32224	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) CMC Jacksonville
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grissom, Lisa <hr/> Contributor address; City; State; Zip Code Reston, VA 20194	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Cust Serv-Assc (I)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grissom, Lisa <hr/> Contributor address; City; State; Zip Code Reston, VA 20194	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Cust Serv-Assc (I)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grissom, Lisa <hr/> Contributor address; City; State; Zip Code Reston, VA 20194	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Cust Serv-Assc (I)		Employer (See Instructions) CMC Virginia
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Vivian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75227	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Acctng-Spec (II)		Employer (See Instructions) CSSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/192 Rpt: 71/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Vivian	7 Amount of Contribution (\$) \$6.00
6 Contributor address; City; State; Zip Code Dallas, TX 75227		
8 Principal occupation / Job title (See Instructions) Acctng-Spec (II)		9 Employer (See Instructions) CSSC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAIRE-WILLIAMS, JESSICA	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code TEMECULA, CA 92592		
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) The Prescott Companies Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAIRE-WILLIAMS, JESSICA	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code TEMECULA, CA 92592		
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) The Prescott Companies Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hames, James	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Upper Marlboro, MD 20772		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hames, James	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Upper Marlboro, MD 20772		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/192 Rpt: 72/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hames, James <hr/> 6 Contributor address; City; State; Zip Code Upper Marlboro, MD 20772	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) CMC Virginia
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Happ, Roberta <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92211	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Happ, Roberta <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92211	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Lynn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales-Dir (Regional)		Employer (See Instructions) Associa Hill Country
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Lynn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales-Dir (Regional)		Employer (See Instructions) Associa Hill Country

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/192 Rpt: 73/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Lynn <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Sales-Dir (Regional)		9 Employer (See Instructions) Associa Hill Country
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Jenniffer <hr/> Contributor address; City; State; Zip Code Southampton, NJ 08088	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Sales-Mgr		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Jenniffer <hr/> Contributor address; City; State; Zip Code Southampton, NJ 08088	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Sales-Mgr		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Ty <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Client Relat-Dir (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Ty <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Client Relat-Dir (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/192 Rpt: 74/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartmann, Lynne <hr/> 6 Contributor address; City; State; Zip Code Runnemede, NJ 08078	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartmann, Lynne <hr/> Contributor address; City; State; Zip Code Runnemede, NJ 08078	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastings, Nancy <hr/> Contributor address; City; State; Zip Code Barnegat, NJ 08005	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastings, Nancy <hr/> Contributor address; City; State; Zip Code Barnegat, NJ 08005	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastings III, Robert <hr/> Contributor address; City; State; Zip Code Barnegat, NJ 08005	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) MAMCO - Mid Atlantic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/192 Rpt: 75/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastings III, Robert <hr/> 6 Contributor address; City; State; Zip Code Barnegat, NJ 08005	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Regional)		9 Employer (See Instructions) MAMCO - Mid Atlantic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattier, Faith <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Project Mgmt-VP		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattier, Faith <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Project Mgmt-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattier, Faith <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Project Mgmt-VP		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinecke, Jesse <hr/> Contributor address; City; State; Zip Code New Richmond, WI 54017	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Cities Management Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/192 Rpt: 76/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinecke, Jesse <hr/> 6 Contributor address; City; State; Zip Code New Richmond, WI 54017	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Cities Management Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinecke, Jesse <hr/> Contributor address; City; State; Zip Code New Richmond, WI 54017	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Cities Management Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Jennifer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Somerset Association Managemen
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Jennifer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Somerset Association Managemen
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Jennifer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Somerset Association Managemen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/192 Rpt: 77/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennessy, Joann <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19154	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Admin-Asst		9 Employer (See Instructions) Mid Atlantic Management Corp
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennessy, Joann <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19154	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Mid Atlantic Management Corp
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henrici, Sarah <hr/> Contributor address; City; State; Zip Code Edmond, OK 73013	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Neighborhood Services Corp
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henrici, Sarah <hr/> Contributor address; City; State; Zip Code Edmond, OK 73013	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Neighborhood Services Corp
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henrici, Sarah <hr/> Contributor address; City; State; Zip Code Edmond, OK 73013	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Neighborhood Services Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/192 Rpt: 78/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, John	7 Amount of Contribution (\$) \$11.00
6 Contributor address; City; State; Zip Code Franklin, KY 42134		
8 Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		9 Employer (See Instructions) Associa Tennessee
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, John	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Franklin, KY 42134		
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Associa Tennessee
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, John	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Franklin, KY 42134		
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Associa Tennessee
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermogenes, Ma Carcel	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Springfield, VA 22151		
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermogenes, Ma Carcel	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Springfield, VA 22151		
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/192 Rpt: 79/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermogenes, Ma Carcel <hr/> 6 Contributor address; City; State; Zip Code Springfield, VA 22151	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) CMC Virginia
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Michelle <hr/> Contributor address; City; State; Zip Code Belleville, NJ 07109	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Rec-Dir		Employer (See Instructions) CMC NJ
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Michelle <hr/> Contributor address; City; State; Zip Code Belleville, NJ 07109	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Rec-Dir		Employer (See Instructions) CMC NJ
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring Jr., James <hr/> Contributor address; City; State; Zip Code Richmond, VA 23233	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring Jr., James <hr/> Contributor address; City; State; Zip Code Richmond, VA 23233	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Community Group Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/192 Rpt: 80/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring Jr., James <hr/> 6 Contributor address; City; State; Zip Code Richmond, VA 23233	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Community Group Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hertzler, Rebecca <hr/> Contributor address; City; State; Zip Code Rock Hill, SC 29730	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Carolinas
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hertzler, Rebecca <hr/> Contributor address; City; State; Zip Code Rock Hill, SC 29730	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Carolinas
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Robin <hr/> Contributor address; City; State; Zip Code Richmond, VA 23228	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Robin <hr/> Contributor address; City; State; Zip Code Richmond, VA 23228	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/192 Rpt: 81/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Robin <hr/> 6 Contributor address; City; State; Zip Code Richmond, VA 23228	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Admin-Asst		9 Employer (See Instructions) Community Group Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillen, Coleen <hr/> Contributor address; City; State; Zip Code Midlothian, VA 23113	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillen, Coleen <hr/> Contributor address; City; State; Zip Code Midlothian, VA 23113	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillen, Coleen <hr/> Contributor address; City; State; Zip Code Midlothian, VA 23113	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Community Group Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilliard, Matthew <hr/> Contributor address; City; State; Zip Code Cumming, GA 30041	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Homeside Properties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/192 Rpt: 82/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilliard, Matthew <hr/> 6 Contributor address; City; State; Zip Code Cumming, GA 30041	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		9 Employer (See Instructions) Homeside Properties
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang, Phung <hr/> Contributor address; City; State; Zip Code Murrieta, CA 92563	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) The Prescott Companies Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang, Phung <hr/> Contributor address; City; State; Zip Code Murrieta, CA 92563	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) The Prescott Companies Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohl, Matthew <hr/> Contributor address; City; State; Zip Code Chicago, IL 60643	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Field Serv-Dir (Regional)		Employer (See Instructions) Associa Chicagoland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohl, Matthew <hr/> Contributor address; City; State; Zip Code Chicago, IL 60643	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Field Serv-Dir (Regional)		Employer (See Instructions) Associa Chicagoland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/192 Rpt: 83/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Sellah	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Albuquerque, NM 87121		
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Canyon Gate Real Estate Servic
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Sellah	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Albuquerque, NM 87121		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Canyon Gate Real Estate Servic
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Sellah	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Albuquerque, NM 87121		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Canyon Gate Real Estate Servic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, April	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Newport News, VA 23608		
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, April	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Newport News, VA 23608		
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/192 Rpt: 84/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, April	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Newport News, VA 23608		
8 Principal occupation / Job title (See Instructions) Admin-Asst		9 Employer (See Instructions) Community Group Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins Mendes, Dana	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code San Diego, CA 92109		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) N N Jaeschke Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins Mendes, Dana	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code San Diego, CA 92109		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) N N Jaeschke Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horndasch, Erica	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Wauconda, IL 60084		
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Chicagoland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horndasch, Erica	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Wauconda, IL 60084		
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Chicagoland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/192 Rpt: 85/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hourscht, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Marana, AZ 85653	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Associa Arizona
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hourscht, Jennifer <hr/> Contributor address; City; State; Zip Code Marana, AZ 85653	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Arizona
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Housel, Pam <hr/> Contributor address; City; State; Zip Code Glen Allen, VA 23060	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Housel, Pam <hr/> Contributor address; City; State; Zip Code Glen Allen, VA 23060	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Housel, Pam <hr/> Contributor address; City; State; Zip Code Glen Allen, VA 23060	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/192 Rpt: 86/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Scott <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95822	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Associa Northern California
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Scott <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95822	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Northern California
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) IPM Corp of Brevard Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) IPM Corp of Brevard Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) IPM Corp of Brevard Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/192 Rpt: 87/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Bryan <hr/> 6 Contributor address; City; State; Zip Code Bountiful, UT 84010	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Ops-VP-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Bryan <hr/> Contributor address; City; State; Zip Code Bountiful, UT 84010	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Bryan <hr/> Contributor address; City; State; Zip Code Bountiful, UT 84010	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Jon <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Jon <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/192 Rpt: 88/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Jon <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75082	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hybner, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Hill Country
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hybner, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Hill Country
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ikard, Robert <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73112	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Neighborhood Services Corp
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ikard, Robert <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73112	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Neighborhood Services Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/192 Rpt: 89/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ikard, Robert <hr/> 6 Contributor address; City; State; Zip Code Oklahoma City, OK 73112	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) Neighborhood Services Corp
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janero, Belkis <hr/> Contributor address; City; State; Zip Code Pembroke Pines, FL 33029	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Admin-Office-Receptionist		Employer (See Instructions) Association Services of Florid
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janero, Belkis <hr/> Contributor address; City; State; Zip Code Pembroke Pines, FL 33029	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Admin-Office-Receptionist		Employer (See Instructions) Association Services of Florid
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janero, Belkis <hr/> Contributor address; City; State; Zip Code Pembroke Pines, FL 33029	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Admin-Office-Receptionist		Employer (See Instructions) Association Services of Florid
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jennifer <hr/> Contributor address; City; State; Zip Code Marlton, NJ 08053	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) MAMCO - Mid Atlantic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/192 Rpt: 90/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jennifer	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Marlton, NJ 08053		
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Susan	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code White, GA 30184		
Principal occupation / Job title (See Instructions) Acctng-Spec (II)		Employer (See Instructions) Homeside Properties
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Susan	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code White, GA 30184		
Principal occupation / Job title (See Instructions) Acctng-Spec (II)		Employer (See Instructions) Homeside Properties
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Deborah	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Somerville, MA 02144		
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Dartmouth
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Deborah	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Somerville, MA 02144		
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Dartmouth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/192 Rpt: 91/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Deborah 6 Contributor address; City; State; Zip Code Somerville, MA 02144	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Dartmouth
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Janel Contributor address; City; State; Zip Code Ft. Worth, TX 76112	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) PMG North Texas
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Janel Contributor address; City; State; Zip Code Ft. Worth, TX 76112	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) PMG North Texas
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Janel Contributor address; City; State; Zip Code Ft. Worth, TX 76112	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) PMG North Texas
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kelli Contributor address; City; State; Zip Code BOISE, ID 83716	Amount of Contribution (\$) \$0.50
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Associations Equity

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/192 Rpt: 92/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kelli <hr/> 6 Contributor address; City; State; Zip Code BOISE, ID 83716	7 Amount of Contribution (\$) \$0.50
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) Associations Equity
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kelli <hr/> Contributor address; City; State; Zip Code BOISE, ID 83716	Amount of Contribution (\$) \$0.50
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Associations Equity
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Marla <hr/> Contributor address; City; State; Zip Code Holland, PA 18966	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-Analyst-Sr		Employer (See Instructions) Mid Atlantic Management Corp
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Marla <hr/> Contributor address; City; State; Zip Code Holland, PA 18966	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-Analyst-Sr		Employer (See Instructions) Mid Atlantic Management Corp
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Robert <hr/> Contributor address; City; State; Zip Code Ferdericksburg, VA 22401	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Maint-Tech		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/192 Rpt: 93/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Robert	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Ferdericksburg, VA 22401		
8 Principal occupation / Job title (See Instructions) Maint-Tech		9 Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Robert	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Ferdericksburg, VA 22401		
Principal occupation / Job title (See Instructions) Maint-Tech		Employer (See Instructions) CMC Virginia
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kehayias, Sofia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Falls Church, VA 22042		
Principal occupation / Job title (See Instructions) General Mgr (III)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kehayias, Sofia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Falls Church, VA 22042		
Principal occupation / Job title (See Instructions) General Mgr (III)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kehayias, Sofia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Falls Church, VA 22042		
Principal occupation / Job title (See Instructions) General Mgr (III)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/192 Rpt: 94/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Marlo	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Austin, TX 78748		
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) Somerset Association Managemen
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Marlo	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Somerset Association Managemen
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Marlo	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Somerset Association Managemen
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Keanon	Amount of Contribution (\$) \$14.00
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Keanon	Amount of Contribution (\$) \$14.00
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) CSSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/192 Rpt: 95/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Robert <hr/> 6 Contributor address; City; State; Zip Code Santee, CA 92071	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Community-VP (Branch)		9 Employer (See Instructions) The Prescott Companies Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerwin, Heather <hr/> Contributor address; City; State; Zip Code Ft. Collins, CO 80521	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) Associa Colorado
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerwin, Heather <hr/> Contributor address; City; State; Zip Code Ft. Collins, CO 80521	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) Associa Colorado
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ketcham, Timothy <hr/> Contributor address; City; State; Zip Code Fruitland, MD 21826	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ketcham, Timothy <hr/> Contributor address; City; State; Zip Code Fruitland, MD 21826	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Legum & Norman Realty Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/192 Rpt: 96/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keys, Janci <hr/> 6 Contributor address; City; State; Zip Code Arden, NC 28704	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Property-Mgr-Asst		9 Employer (See Instructions) IPM Corp of Brevard Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keys, Janci <hr/> Contributor address; City; State; Zip Code Arden, NC 28704	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Property-Mgr-Asst		Employer (See Instructions) IPM Corp of Brevard Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keys, Janci <hr/> Contributor address; City; State; Zip Code Arden, NC 28704	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Property-Mgr-Asst		Employer (See Instructions) IPM Corp of Brevard Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Morgan <hr/> Contributor address; City; State; Zip Code Hoover, AL 35226	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) McKay Management Corp
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Morgan <hr/> Contributor address; City; State; Zip Code Hoover, AL 35226	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) McKay Management Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/192 Rpt: 97/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Morgan 6 Contributor address; City; State; Zip Code Hoover, AL 35226	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) McKay Management Corp
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchin, Margaret Contributor address; City; State; Zip Code North Wales, PA 19454	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Bus Devolp-VP		Employer (See Instructions) Mid Atlantic Management Corp
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchin, Margaret Contributor address; City; State; Zip Code North Wales, PA 19454	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Bus Devolp-VP		Employer (See Instructions) Mid Atlantic Management Corp
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kluever, Larry Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) General Counsel-Asst		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kluever, Larry Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) General Counsel-Asst		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/192 Rpt: 98/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kluever, Larry <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) General Counsel-Asst		9 Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knoop, Danika <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) OPS-Dir-Corporate Dev		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knoop, Danika <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) OPS-Dir-Corporate Dev		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knoop, Danika <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) OPS-Dir-Corporate Dev		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Meredith <hr/> Contributor address; City; State; Zip Code Union Bridge, MD 21791	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/192 Rpt: 99/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Meredith	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Union Bridge, MD 21791		
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Meredith	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Union Bridge, MD 21791		
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) CMC Virginia
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, John	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, John	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, John	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/192 Rpt: 100/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruppa, Brian	7 Amount of Contribution (\$) \$85.00
6 Contributor address; City; State; Zip Code Dallas, TX 75204		
8 Principal occupation / Job title (See Instructions) Chief Legal Officer		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruppa, Brian	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code Dallas, TX 75204		
Principal occupation / Job title (See Instructions) Chief Legal Officer		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruppa, Brian	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code Dallas, TX 75204		
Principal occupation / Job title (See Instructions) Chief Legal Officer		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEDELL, JASON	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Henderson, NV 89052		
Principal occupation / Job title (See Instructions) Ops-Dir		Employer (See Instructions) Associa Nevada South
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEDELL, JASON	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Henderson, NV 89052		
Principal occupation / Job title (See Instructions) Ops-Dir		Employer (See Instructions) Associa Nevada South

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/192 Rpt: 101/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUSCOMBE, JILL	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Royal Oak, MI 48073		
8 Principal occupation / Job title (See Instructions) Acct Mgmt-Mgr		9 Employer (See Instructions) Land Arc Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUSCOMBE, JILL	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Royal Oak, MI 48073		
Principal occupation / Job title (See Instructions) Acct Mgmt-Mgr		Employer (See Instructions) Land Arc Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUSCOMBE, JILL	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Royal Oak, MI 48073		
Principal occupation / Job title (See Instructions) Acct Mgmt-Mgr		Employer (See Instructions) Land Arc Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaCroix, Brooke	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Daytona Beach, FL 32114		
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Evergreen Harvard Group LLC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaCroix, Brooke	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Daytona Beach, FL 32114		
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Evergreen Harvard Group LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/192 Rpt: 102/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lainez, Gita <hr/> 6 Contributor address; City; State; Zip Code Fairfax, VA 22030	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lainez, Gita <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22030	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lainez, Gita <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22030	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) CMC Virginia
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landrum, Vanessa <hr/> Contributor address; City; State; Zip Code Indio, CA 92203	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-Dir		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landrum, Vanessa <hr/> Contributor address; City; State; Zip Code Indio, CA 92203	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-Dir		Employer (See Instructions) Desert Resort Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/192 Rpt: 103/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laney, Robbi <hr/> 6 Contributor address; City; State; Zip Code Raleigh, NC 27604	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) H.R.W. INC.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laney, Robbi <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27604	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) H.R.W. INC.
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laney, Robbi <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27604	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) H.R.W. INC.
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanin-Trina, Michele <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Chicagoland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanin-Trina, Michele <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Chicagoland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/192 Rpt: 104/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lape, Hilary <hr/> 6 Contributor address; City; State; Zip Code Fredericksburg, VA 22406	7 Amount of Contribution (\$) \$22.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lape, Hilary <hr/> Contributor address; City; State; Zip Code Fredericksburg, VA 22406	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie, Michelle <hr/> Contributor address; City; State; Zip Code Bell Buckle, TN 37020	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Associa Tennessee
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie, Michelle <hr/> Contributor address; City; State; Zip Code Bell Buckle, TN 37020	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Associa Tennessee
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie, Michelle <hr/> Contributor address; City; State; Zip Code Bell Buckle, TN 37020	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Associa Tennessee

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/192 Rpt: 105/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, David	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Palm Desert, CA 92260	
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, David	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Palm Desert, CA 92260	
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leazer, Tamara	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Loganville, GA 30052	
Principal occupation / Job title (See Instructions) Property-Mgr (I)		Employer (See Instructions) Community Management Assoc Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leazer, Tamara	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Loganville, GA 30052	
Principal occupation / Job title (See Instructions) Property-Mgr (I)		Employer (See Instructions) Community Management Assoc Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippert, Marc	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Palm Desert, CA 92211	
Principal occupation / Job title (See Instructions) Ops-Dir (Branch)		Employer (See Instructions) Associa OnCall California Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/192 Rpt: 106/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippert, Marc <hr/> 6 Contributor address; City; State; Zip Code Palm Desert, CA 92211	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Ops-Dir (Branch)		9 Employer (See Instructions) Associa OnCall California Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Kimberly <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Kimberly <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Desert Resort Management
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Raul <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Supr		Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Raul <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Supr		Employer (See Instructions) CSSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/192 Rpt: 107/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lounsbery, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Sterling Heights, MI 48313	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Ops-Dir		9 Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lounsbery, Carolyn <hr/> Contributor address; City; State; Zip Code Sterling Heights, MI 48313	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-Dir		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lounsbery, Carolyn <hr/> Contributor address; City; State; Zip Code Sterling Heights, MI 48313	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-Dir		Employer (See Instructions) Kramer Triad Management Group
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loya, Tammie <hr/> Contributor address; City; State; Zip Code Waxachie, TX 75165	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Acctng-Supr		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loya, Tammie <hr/> Contributor address; City; State; Zip Code Waxachie, TX 75165	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Acctng-Supr		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/192 Rpt: 108/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loya, Tammie <hr/> 6 Contributor address; City; State; Zip Code Waxachie, TX 75165	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Acctng-Supr		9 Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCILYAR, HANG <hr/> Contributor address; City; State; Zip Code Richmond, VA 23228	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Admin-Office-Mgr		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCILYAR, HANG <hr/> Contributor address; City; State; Zip Code Richmond, VA 23228	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Admin-Office-Mgr		Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCILYAR, HANG <hr/> Contributor address; City; State; Zip Code Richmond, VA 23228	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Admin-Office-Mgr		Employer (See Instructions) Community Group Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magale, Gloria <hr/> Contributor address; City; State; Zip Code Arlington, MA 02474	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) HR-Mgr		Employer (See Instructions) Dartmouth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/192 Rpt: 109/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magale, Gloria <hr/> 6 Contributor address; City; State; Zip Code Arlington, MA 02474	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) HR-Mgr		9 Employer (See Instructions) Dartmouth
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magale, Gloria <hr/> Contributor address; City; State; Zip Code Arlington, MA 02474	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) HR-Mgr		Employer (See Instructions) Dartmouth
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malavathu, Poornashri <hr/> Contributor address; City; State; Zip Code Chantilly, VA 20152	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Finan-Analyst		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malavathu, Poornashri <hr/> Contributor address; City; State; Zip Code Chantilly, VA 20152	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Finan-Analyst		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Tammy <hr/> Contributor address; City; State; Zip Code Panama City, FL 32404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Burg Management Co Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/192 Rpt: 110/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Tammy <hr/> 6 Contributor address; City; State; Zip Code Panama City, FL 32404	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Burg Management Co Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancilla, Lynda <hr/> Contributor address; City; State; Zip Code La Quinta, CA 92253	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) General Mgr-Asst		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancilla, Lynda <hr/> Contributor address; City; State; Zip Code La Quinta, CA 92253	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) General Mgr-Asst		Employer (See Instructions) Desert Resort Management
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcou, Amalea <hr/> Contributor address; City; State; Zip Code West Chicago, IL 60185	Amount of Contribution (\$) <div style="text-align: right;">\$3.00</div>
Principal occupation / Job title (See Instructions) Trainer-Sr		Employer (See Instructions) Associa Chicagoland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcou, Amalea <hr/> Contributor address; City; State; Zip Code West Chicago, IL 60185	Amount of Contribution (\$) <div style="text-align: right;">\$3.00</div>
Principal occupation / Job title (See Instructions) Trainer-Sr		Employer (See Instructions) Associa Chicagoland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/192 Rpt: 111/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcou, Carol <hr/> 6 Contributor address; City; State; Zip Code Palatine, IL 60067	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Associa Chicagoland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcou, Carol <hr/> Contributor address; City; State; Zip Code Palatine, IL 60067	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Chicagoland
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Joy <hr/> Contributor address; City; State; Zip Code Norco, CA 92860	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) PCM California
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Joy <hr/> Contributor address; City; State; Zip Code Norco, CA 92860	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) PCM California
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Joy <hr/> Contributor address; City; State; Zip Code Norco, CA 92860	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) PCM California

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/192 Rpt: 112/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Linda	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Canton, MI 48188	
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Linda	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Canton, MI 48188	
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Linda	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Canton, MI 48188	
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Kramer Triad Management Group
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Melissa	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Spring, TX 77379	
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Melissa	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Spring, TX 77379	
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) Principal Mgmt Group Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/192 Rpt: 113/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Melissa	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Spring, TX 77379		
8 Principal occupation / Job title (See Instructions) General Mgr (II)		9 Employer (See Instructions) Principal Mgmt Group Houston
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marton, Sue	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Richmond, VA 23235		
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marton, Sue	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Richmond, VA 23235		
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marton, Sue	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Richmond, VA 23235		
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Community Group Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martone, Nicole	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cliffside Park, NJ 07010		
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) CMC NJ

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/192 Rpt: 114/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martone, Nicole <hr/> 6 Contributor address; City; State; Zip Code Cliffside Park, NJ 07010	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) CMC NJ
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massart, Savannah <hr/> Contributor address; City; State; Zip Code Columbus, OH 43235	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Code Enforc-Assc		Employer (See Instructions) Real Property Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massart, Savannah <hr/> Contributor address; City; State; Zip Code Columbus, OH 43235	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Code Enforc-Assc		Employer (See Instructions) Real Property Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Darla <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) PMG North Texas
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Darla <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) PMG North Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/192 Rpt: 115/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Darla <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) PMG North Texas
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxfield, Joy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$11.62
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) PMG North Texas
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxfield, Joy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$11.62
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) PMG North Texas
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxfield, Joy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$11.62
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) PMG North Texas
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazzarella, Nicholas <hr/> Contributor address; City; State; Zip Code Potomac Falls, VA 20165	Amount of Contribution (\$) \$32.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/192 Rpt: 116/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazzarella, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Potomac Falls, VA 20165	7 Amount of Contribution (\$) \$32.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Regional)		9 Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazzarella, Nicholas <hr/> Contributor address; City; State; Zip Code Potomac Falls, VA 20165	Amount of Contribution (\$) \$32.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) CMC Virginia
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Robert <hr/> Contributor address; City; State; Zip Code Concord, MA 01742	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Dartmouth
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Robert <hr/> Contributor address; City; State; Zip Code Concord, MA 01742	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Dartmouth
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Robert <hr/> Contributor address; City; State; Zip Code Concord, MA 01742	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Dartmouth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/192 Rpt: 117/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Demetria <hr/> 6 Contributor address; City; State; Zip Code Standish, MI 48658	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Demetria <hr/> Contributor address; City; State; Zip Code Standish, MI 48658	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Demetria <hr/> Contributor address; City; State; Zip Code Standish, MI 48658	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Kramer Triad Management Group
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Marc <hr/> Contributor address; City; State; Zip Code Nokesville, VA 20181	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Marc <hr/> Contributor address; City; State; Zip Code Nokesville, VA 20181	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/192 Rpt: 118/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Kim	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Dallas, TX 75214		
8 Principal occupation / Job title (See Instructions) Acctng-VP		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Kim	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Acctng-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Kim	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Acctng-VP		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mejia, Lucia	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Bacliff, TX 77518		
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Houston Community Mgmt Service
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mejia, Lucia	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Bacliff, TX 77518		
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Houston Community Mgmt Service

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/192 Rpt: 119/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Joanne <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Acctng-Spec (I)		9 Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Joanne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Spec (I)		Employer (See Instructions) CSSC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Cameron <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Concierge-Sr		Employer (See Instructions) Somerset Association Managemen
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Cameron <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Concierge-Sr		Employer (See Instructions) Somerset Association Managemen
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Cameron <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Concierge-Sr		Employer (See Instructions) Somerset Association Managemen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/192 Rpt: 120/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Blaine, MN 55434	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Escrow/Resale-Spec		9 Employer (See Instructions) Cities Management Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Kathleen <hr/> Contributor address; City; State; Zip Code Blaine, MN 55434	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Escrow/Resale-Spec		Employer (See Instructions) Cities Management Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Kathleen <hr/> Contributor address; City; State; Zip Code Blaine, MN 55434	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Escrow/Resale-Spec		Employer (See Instructions) Cities Management Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11218	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11218	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/192 Rpt: 121/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11218	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Property Manager		9 Employer (See Instructions) Choice NY Property Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, John <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, John <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, John <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Principal Mgmt Group Houston
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Lori <hr/> Contributor address; City; State; Zip Code Fishers, IN 46038	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Maint-Coord		Employer (See Instructions) CASI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/192 Rpt: 122/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Lori	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Fishers, IN 46038	
8 Principal occupation / Job title (See Instructions) Maint-Coord		9 Employer (See Instructions) CASI
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Lori	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Fishers, IN 46038	
Principal occupation / Job title (See Instructions) Maint-Coord		Employer (See Instructions) CASI
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Corsicana, TX 75110	
Principal occupation / Job title (See Instructions) Ins-Acct Exec		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Corsicana, TX 75110	
Principal occupation / Job title (See Instructions) Ins-Acct Exec		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Corsicana, TX 75110	
Principal occupation / Job title (See Instructions) Ins-Acct Exec		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/192 Rpt: 123/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller-Napue, Yolanda <hr/> 6 Contributor address; City; State; Zip Code Minneapolis, MN 55409	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Associa Minnesota
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller-Napue, Yolanda <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55409	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Associa Minnesota
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller-Napue, Yolanda <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55409	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Associa Minnesota
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Brenda <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acctng-Dir		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Brenda <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acctng-Dir		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/192 Rpt: 124/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Brenda	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Rockwall, TX 75032		
8 Principal occupation / Job title (See Instructions) Acctng-Dir		9 Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Louise	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Bacliff, TX 77518		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Houston Community Mgmt Service
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Louise	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Bacliff, TX 77518		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Houston Community Mgmt Service
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Eddie	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Honolulu, HI 96825		
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Hawaii
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Eddie	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Honolulu, HI 96825		
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Hawaii

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/192 Rpt: 125/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Eddie <hr/> 6 Contributor address; City; State; Zip Code Honolulu, HI 96825	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Associa Hawaii
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morano, Daly-Anne <hr/> Contributor address; City; State; Zip Code Gaithersburg, MD 20878	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morano, Daly-Anne <hr/> Contributor address; City; State; Zip Code Gaithersburg, MD 20878	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Legum & Norman Realty Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Erica <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Bus Devolp-VP		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Erica <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Bus Devolp-VP		Employer (See Instructions) Principal Mgmt Group Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/192 Rpt: 126/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Erica <hr/> 6 Contributor address; City; State; Zip Code Fulshear, TX 77441	7 Amount of Contribution (\$) \$14.00
8 Principal occupation / Job title (See Instructions) Bus Devolp-VP		9 Employer (See Instructions) Principal Mgmt Group Houston
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morin, JoAngela <hr/> Contributor address; City; State; Zip Code Anna, TX 75409	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Acctng-Dir (CSSC)		Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morin, JoAngela <hr/> Contributor address; City; State; Zip Code Anna, TX 75409	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Acctng-Dir (CSSC)		Employer (See Instructions) CSSC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Gabriella <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acctng-Banking Spec (I)		Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Gabriella <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acctng-Banking Spec (I)		Employer (See Instructions) CSSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/192 Rpt: 127/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Karen <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75088	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Acctng-Mgr-Sr		9 Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Karen <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Acctng-Mgr-Sr		Employer (See Instructions) CSSC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Kristin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Somerset Association Managemen
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Kristin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Somerset Association Managemen
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Kristin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Somerset Association Managemen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/192 Rpt: 128/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Carrie <hr/> 6 Contributor address; City; State; Zip Code Bluffton, SC 29910	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Client Acctng-Dir		9 Employer (See Instructions) Atlantic States Management
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Carrie <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Client Acctng-Dir		Employer (See Instructions) Atlantic States Management
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Carrie <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Client Acctng-Dir		Employer (See Instructions) Atlantic States Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mushinski, Lisa <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mushinski, Lisa <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Principal Mgmt Group Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/192 Rpt: 129/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mushinski, Lisa <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77406	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Client Acctng-Spec		9 Employer (See Instructions) Principal Mgmt Group Houston
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mutothori, Penina <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Acctng-Spec (I)		Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mutothori, Penina <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Acctng-Spec (I)		Employer (See Instructions) CSSC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Aimee <hr/> Contributor address; City; State; Zip Code Plain City, OH 43064	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP		Employer (See Instructions) Real Property Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Aimee <hr/> Contributor address; City; State; Zip Code Plain City, OH 43064	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP		Employer (See Instructions) Real Property Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/192 Rpt: 130/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIAZ, SOFIA	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code WOODBURY, MN 55129		
8 Principal occupation / Job title (See Instructions) Rec-Dir		9 Employer (See Instructions) Associa Minnesota
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIAZ, SOFIA	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code WOODBURY, MN 55129		
Principal occupation / Job title (See Instructions) Rec-Dir		Employer (See Instructions) Associa Minnesota
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIAZ, SOFIA	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code WOODBURY, MN 55129		
Principal occupation / Job title (See Instructions) Rec-Dir		Employer (See Instructions) Associa Minnesota
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHOLS, CHELSEA	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Sachse, TX 75048		
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) PMG North Texas
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHOLS, CHELSEA	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Sachse, TX 75048		
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) PMG North Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/192 Rpt: 131/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHOLS, CHELSEA <hr/> 6 Contributor address; City; State; Zip Code Sachse, TX 75048	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) General Mgr (I)		9 Employer (See Instructions) PMG North Texas
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neely, Carolyn <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Association Services Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neely, Carolyn <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Association Services Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neely, Carolyn <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Association Services Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Jennifer <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acctant-Sr (III)		Employer (See Instructions) CSSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/192 Rpt: 132/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Acctant-Sr (III)		9 Employer (See Instructions) CSSC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieves, Marilyn <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34746	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) CMP Orlando
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieves, Marilyn <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34746	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) CMP Orlando
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niles, Reginald <hr/> Contributor address; City; State; Zip Code Pleasanton, CA 94566	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-Analyst		Employer (See Instructions) Associa Northern California
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niles, Reginald <hr/> Contributor address; City; State; Zip Code Pleasanton, CA 94566	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-Analyst		Employer (See Instructions) Associa Northern California

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/192 Rpt: 133/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Lisa <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of Contribution (\$) \$11.00
8 Principal occupation / Job title (See Instructions) Controller		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Quinn, Shawn <hr/> Contributor address; City; State; Zip Code Burke, VA 22015	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Quinn, Shawn <hr/> Contributor address; City; State; Zip Code Burke, VA 22015	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) Legum & Norman Realty Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/192 Rpt: 134/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Toole, James <hr/> 6 Contributor address; City; State; Zip Code Deptford, NJ 08096	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Toole, James <hr/> Contributor address; City; State; Zip Code Deptford, NJ 08096	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oberthier, Claudia <hr/> Contributor address; City; State; Zip Code Carol Stream, IL 60188	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Arizona
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oberthier, Claudia <hr/> Contributor address; City; State; Zip Code Carol Stream, IL 60188	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Arizona
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliva, Vincent <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89147	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Nevada South

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliva, Vincent <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89147	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Associa Nevada South
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orberg, Derrick <hr/> Contributor address; City; State; Zip Code Deland, FL 32724	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) CMP Orlando
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orberg, Derrick <hr/> Contributor address; City; State; Zip Code Deland, FL 32724	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) CMP Orlando
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Tyleen <hr/> Contributor address; City; State; Zip Code Centennial, CO 80015	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Associa Colorado
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Tyleen <hr/> Contributor address; City; State; Zip Code Centennial, CO 80015	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Associa Colorado

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PONGRATZ, PAMELA <hr/> 6 Contributor address; City; State; Zip Code CARLSBAD, CA 92010	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Ops-Analyst		9 Employer (See Instructions) The Prescott Companies Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PONGRATZ, PAMELA <hr/> Contributor address; City; State; Zip Code CARLSBAD, CA 92010	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-Analyst		Employer (See Instructions) The Prescott Companies Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Packard, Michael <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92009	Amount of Contribution (\$) \$31.00
Principal occupation / Job title (See Instructions) Bus Devolp-VP-Sr		Employer (See Instructions) Associa Northern California
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Packard, Michael <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92009	Amount of Contribution (\$) \$31.00
Principal occupation / Job title (See Instructions) Bus Devolp-VP-Sr		Employer (See Instructions) Associa Northern California
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearre, Michelle <hr/> Contributor address; City; State; Zip Code ljamsville, MD 21754	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Legum & Norman Realty Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearre, Michelle <hr/> 6 Contributor address; City; State; Zip Code Ijamsville, MD 21754	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perea, Idella <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HR-VP		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perea, Idella <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HR-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perea, Idella <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HR-VP		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Javier <hr/> Contributor address; City; State; Zip Code Miami, FL 33143	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-Dir		Employer (See Instructions) Marquis

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Javier <hr/> 6 Contributor address; City; State; Zip Code Miami, FL 33143	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Ops-Dir		9 Employer (See Instructions) Marquis
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Yolanda <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Cust Serv-VP		Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Yolanda <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Cust Serv-VP		Employer (See Instructions) CSSC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, James <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) General Mgr (III)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, James <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) General Mgr (III)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, James <hr/> 6 Contributor address; City; State; Zip Code Annandale, VA 22003	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) General Mgr (III)		9 Employer (See Instructions) CMC Virginia
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pesce, Michael <hr/> Contributor address; City; State; Zip Code Chester, NJ 07930	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) CMC NJ
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pesce, Michael <hr/> Contributor address; City; State; Zip Code Chester, NJ 07930	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) CMC NJ
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettyjohn, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Somerset Association Managemen
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettyjohn, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Somerset Association Managemen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/192 Rpt: 140/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettyjohn, Joseph <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) General Mgr (I)		9 Employer (See Instructions) Somerset Association Managemen
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Bryant <hr/> Contributor address; City; State; Zip Code Aldie, VA 20105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Bryant <hr/> Contributor address; City; State; Zip Code Aldie, VA 20105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Bryant <hr/> Contributor address; City; State; Zip Code Aldie, VA 20105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) CMC Virginia
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pisano, Linda <hr/> Contributor address; City; State; Zip Code Tampa, FL 33626	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Associa Gulf Coast Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/192 Rpt: 141/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pisano, Linda <hr/> 6 Contributor address; City; State; Zip Code Tampa, FL 33626	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Associa Gulf Coast Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plescia, Mary <hr/> Contributor address; City; State; Zip Code North Hollywood, CA 91606	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) PCM California
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plescia, Mary <hr/> Contributor address; City; State; Zip Code North Hollywood, CA 91606	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) PCM California
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plescia, Mary <hr/> Contributor address; City; State; Zip Code North Hollywood, CA 91606	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) PCM California
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porras, Ruben <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Acctng-Spec (I)		Employer (See Instructions) CSSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/192 Rpt: 142/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porras, Ruben <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75067	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Acctng-Spec (I)		9 Employer (See Instructions) CSSC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynter, Tammy <hr/> Contributor address; City; State; Zip Code Richmond, VA 23233	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acctng-Spec (II)		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynter, Tammy <hr/> Contributor address; City; State; Zip Code Richmond, VA 23233	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acctng-Spec (II)		Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynter, Tammy <hr/> Contributor address; City; State; Zip Code Richmond, VA 23233	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acctng-Spec (II)		Employer (See Instructions) Community Group Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINONES, CYNTHIA <hr/> Contributor address; City; State; Zip Code PONTIAC, MI 48340	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Spec (I)		Employer (See Instructions) Land Arc Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/192 Rpt: 143/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINONES, CYNTHIA <hr/> 6 Contributor address; City; State; Zip Code PONTIAC, MI 48340	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Acctng-Spec (I)		9 Employer (See Instructions) Land Arc Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINONES, CYNTHIA <hr/> Contributor address; City; State; Zip Code PONTIAC, MI 48340	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Spec (I)		Employer (See Instructions) Land Arc Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Michelle <hr/> Contributor address; City; State; Zip Code Burlington, NJ 08016	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Finance-VP (Branch)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Michelle <hr/> Contributor address; City; State; Zip Code Burlington, NJ 08016	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Finance-VP (Branch)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REGALADO, SEBERINO <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Hill Country

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/192 Rpt: 144/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REGALADO, SEBERINO <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78228	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Associa Hill Country
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REGALADO, SEBERINO <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Hill Country
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBY, GREGORY <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22311	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBY, GREGORY <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22311	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radek, Karyn <hr/> Contributor address; City; State; Zip Code Cary, IL 60013	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Associa Chicagoland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/192 Rpt: 145/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radek, Karyn <hr/> 6 Contributor address; City; State; Zip Code Cary, IL 60013	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Associa Chicagoland
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratliff, Annette <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratliff, Annette <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratliff, Annette <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remillard, Reid <hr/> Contributor address; City; State; Zip Code Epping, NH 03042	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Evergreen Harvard Group LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remillard, Reid <hr/> 6 Contributor address; City; State; Zip Code Epping, NH 03042	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Evergreen Harvard Group LLC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) Principal Mgmt Group Houston
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rieta, Tiffany <hr/> Contributor address; City; State; Zip Code Mililani, HI 96789	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Hawaii

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/192 Rpt: 147/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rieta, Tiffany <hr/> 6 Contributor address; City; State; Zip Code Mililani, HI 96789	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) Associa Hawaii
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rieta, Tiffany <hr/> Contributor address; City; State; Zip Code Mililani, HI 96789	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Hawaii
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riska, Charles <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riska, Charles <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riska, Charles <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/192 Rpt: 148/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritter, Paula <hr/> 6 Contributor address; City; State; Zip Code Reno, NV 89509	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Acctng-Mgr (Branch)		9 Employer (See Instructions) Associa Nevada South
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritter, Paula <hr/> Contributor address; City; State; Zip Code Reno, NV 89509	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Mgr (Branch)		Employer (See Instructions) Associa Nevada South
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Joseph <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78599	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Hill Country
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Joseph <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78599	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Hill Country
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Joseph <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78599	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Hill Country

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Veronica <hr/> 6 Contributor address; City; State; Zip Code Mecca, CA 92254	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Ops-Mgr		9 Employer (See Instructions) Desert Resort Management Wkly
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Veronica <hr/> Contributor address; City; State; Zip Code Mecca, CA 92254	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) Desert Resort Management Wkly
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Veronica <hr/> Contributor address; City; State; Zip Code Mecca, CA 92254	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) Desert Resort Management Wkly
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Veronica <hr/> Contributor address; City; State; Zip Code Mecca, CA 92254	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) Desert Resort Management Wkly
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Veronica <hr/> Contributor address; City; State; Zip Code Mecca, CA 92254	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) Desert Resort Management Wkly

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/192 Rpt: 150/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rix, Alex <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Associa Hill Country
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rix, Alex <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Hill Country
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rix, Alex <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Hill Country
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Samuel <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92211	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Samuel <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92211	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Desert Resort Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/192 Rpt: 151/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronan, Ashleigh <hr/> 6 Contributor address; City; State; Zip Code Gainesville, GA 30506	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Facilities-Dir		9 Employer (See Instructions) Radius Construction Group Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronan, Ashleigh <hr/> Contributor address; City; State; Zip Code Gainesville, GA 30506	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Facilities-Dir		Employer (See Instructions) Radius Construction Group Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Bryce <hr/> Contributor address; City; State; Zip Code Sandy, UT 84094	Amount of Contribution (\$) \$7.77
Principal occupation / Job title (See Instructions) Ops-Dir		Employer (See Instructions) Community Solutions Property
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Bryce <hr/> Contributor address; City; State; Zip Code Sandy, UT 84094	Amount of Contribution (\$) \$7.77
Principal occupation / Job title (See Instructions) Ops-Dir		Employer (See Instructions) Community Solutions Property
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossi, Gina <hr/> Contributor address; City; State; Zip Code Elwood, IL 60421	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Sales-Dir		Employer (See Instructions) Associa Chicagoland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/192 Rpt: 152/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossi, Gina <hr/> 6 Contributor address; City; State; Zip Code Elwood, IL 60421	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Sales-Dir		9 Employer (See Instructions) Associa Chicagoland
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Christine <hr/> Contributor address; City; State; Zip Code Chicago, IL 60609	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Associa Chicagoland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Christine <hr/> Contributor address; City; State; Zip Code Chicago, IL 60609	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Associa Chicagoland
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rupp, Kelly <hr/> Contributor address; City; State; Zip Code San Diego, CA 92101	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) The Prescott Companies Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rupp, Kelly <hr/> Contributor address; City; State; Zip Code San Diego, CA 92101	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) The Prescott Companies Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/192 Rpt: 153/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rust, Maria <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76005	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rust, Maria <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rust, Maria <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Patrick <hr/> Contributor address; City; State; Zip Code Folsom, CA 95630	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Northern California
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Patrick <hr/> Contributor address; City; State; Zip Code Folsom, CA 95630	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Northern California

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/192 Rpt: 154/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCRIMSHER, KARLA <hr/> 6 Contributor address; City; State; Zip Code Murrieta, CA 92563	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) The Prescott Companies Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCRIMSHER, KARLA <hr/> Contributor address; City; State; Zip Code Murrieta, CA 92563	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) The Prescott Companies Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Principal Mgmt Group Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/192 Rpt: 155/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sands, Arielle <hr/> 6 Contributor address; City; State; Zip Code Woodbridge, VA 22191	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sands, Arielle <hr/> Contributor address; City; State; Zip Code Woodbridge, VA 22191	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santangelo, Paula <hr/> Contributor address; City; State; Zip Code Norristown, PA 19403	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Mid Atlantic Management Corp
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santangelo, Paula <hr/> Contributor address; City; State; Zip Code Norristown, PA 19403	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Mid Atlantic Management Corp
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schemanske, Lisa <hr/> Contributor address; City; State; Zip Code South Lyon, MI 48178	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Kramer Triad Management Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/192 Rpt: 156/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schemanske, Lisa <hr/> 6 Contributor address; City; State; Zip Code South Lyon, MI 48178	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schemanske, Lisa <hr/> Contributor address; City; State; Zip Code South Lyon, MI 48178	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Kramer Triad Management Group
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlapkohl, Tyler <hr/> Contributor address; City; State; Zip Code Farmer Branch, TX 75234	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ins-Sales Exec-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlapkohl, Tyler <hr/> Contributor address; City; State; Zip Code Farmer Branch, TX 75234	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ins-Sales Exec-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlapkohl, Tyler <hr/> Contributor address; City; State; Zip Code Farmer Branch, TX 75234	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ins-Sales Exec-Sr		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/192 Rpt: 157/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Christine <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75089	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Marketing-VP		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Christine <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Christine <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing-VP		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmitt, Laura <hr/> Contributor address; City; State; Zip Code East Walpole, MA 02032	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Dartmouth
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmitt, Laura <hr/> Contributor address; City; State; Zip Code East Walpole, MA 02032	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Dartmouth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/192 Rpt: 158/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmitt, Laura <hr/> 6 Contributor address; City; State; Zip Code East Walpole, MA 02032	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		9 Employer (See Instructions) Dartmouth
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scull, Thomas <hr/> Contributor address; City; State; Zip Code Voorhees, NJ 08043	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scull, Thomas <hr/> Contributor address; City; State; Zip Code Voorhees, NJ 08043	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Semanisin, Tiffany <hr/> Contributor address; City; State; Zip Code Sterling Heights, MI 48310	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Land Arc Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Semanisin, Tiffany <hr/> Contributor address; City; State; Zip Code Sterling Heights, MI 48310	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Land Arc Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/192 Rpt: 159/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Semanisin, Tiffany <hr/> 6 Contributor address; City; State; Zip Code Sterling Heights, MI 48310	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) Land Arc Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Severance, Jennifer <hr/> Contributor address; City; State; Zip Code Maricopa, AZ 85138	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) HR-VP (Regional)		Employer (See Instructions) Associa Arizona
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Severance, Jennifer <hr/> Contributor address; City; State; Zip Code Maricopa, AZ 85138	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) HR-VP (Regional)		Employer (See Instructions) Associa Arizona
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sierra, Elizabeth <hr/> Contributor address; City; State; Zip Code Orlando, FL 32839	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) CMP Orlando
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sierra, Elizabeth <hr/> Contributor address; City; State; Zip Code Orlando, FL 32839	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) CMP Orlando

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/192 Rpt: 160/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Robert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78758	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Sales-VP		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Sales-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Sales-VP		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siouville, Andrew <hr/> Contributor address; City; State; Zip Code Apex, NC 27539	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) H.R.W. INC.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siouville, Andrew <hr/> Contributor address; City; State; Zip Code Apex, NC 27539	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) H.R.W. INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/192 Rpt: 161/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siouville, Andrew <hr/> 6 Contributor address; City; State; Zip Code Apex, NC 27539	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) H.R.W. INC.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siterlet, Thomas <hr/> Contributor address; City; State; Zip Code Troy, MI 48083	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Field Serv-Dir		Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siterlet, Thomas <hr/> Contributor address; City; State; Zip Code Troy, MI 48083	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Field Serv-Dir		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siterlet, Thomas <hr/> Contributor address; City; State; Zip Code Troy, MI 48083	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Field Serv-Dir		Employer (See Instructions) Kramer Triad Management Group
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skelley, Stephanie <hr/> Contributor address; City; State; Zip Code La Grange, IL 60525	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) Associa Chicagoland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/192 Rpt: 162/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skelley, Stephanie <hr/> 6 Contributor address; City; State; Zip Code La Grange, IL 60525	7 Amount of Contribution (\$) \$17.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Regional)		9 Employer (See Instructions) Associa Chicagoland
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slater, Erica <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sales-Dir (Regional)		Employer (See Instructions) Houston Community Mgmt Service
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slater, Erica <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sales-Dir (Regional)		Employer (See Instructions) Houston Community Mgmt Service
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sloan, Sarai <hr/> Contributor address; City; State; Zip Code Milton, KS 67106	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Office-Mgr		Employer (See Instructions) Houston Community Mgmt Service
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sloan, Sarai <hr/> Contributor address; City; State; Zip Code Milton, KS 67106	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Office-Mgr		Employer (See Instructions) Houston Community Mgmt Service

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/192 Rpt: 163/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Gregory <hr/> 6 Contributor address; City; State; Zip Code Lodi, CA 95240	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Training-Dir		9 Employer (See Instructions) Associa Northern California
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Gregory <hr/> Contributor address; City; State; Zip Code Lodi, CA 95240	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Training-Dir		Employer (See Instructions) Associa Northern California
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sookdeo-Palbalkar, Annupa <hr/> Contributor address; City; State; Zip Code Fredericksburg, VA 22408	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sookdeo-Palbalkar, Annupa <hr/> Contributor address; City; State; Zip Code Fredericksburg, VA 22408	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sookdeo-Palbalkar, Annupa <hr/> Contributor address; City; State; Zip Code Fredericksburg, VA 22408	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/192 Rpt: 164/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southall, Mark <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75087	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) PMG North Texas
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southall, Mark <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) PMG North Texas
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southall, Mark <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) PMG North Texas
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spradley, Heather <hr/> Contributor address; City; State; Zip Code Land O Lakes, FL 34639	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Gulf Coast Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spradley, Heather <hr/> Contributor address; City; State; Zip Code Land O Lakes, FL 34639	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Gulf Coast Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/192 Rpt: 165/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stabler, Denez <hr/> 6 Contributor address; City; State; Zip Code Midlothian, VA 23113	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Ops-Mgr		9 Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stabler, Denez <hr/> Contributor address; City; State; Zip Code Midlothian, VA 23113	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stabler, Denez <hr/> Contributor address; City; State; Zip Code Midlothian, VA 23113	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) Community Group Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, John <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) IT-Adminstr-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, John <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) IT-Adminstr-VP-Sr		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/192 Rpt: 166/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, John <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) IT-Adminstr-VP-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Dan <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11213	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Dan <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11213	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Dan <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11213	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Wendy <hr/> Contributor address; City; State; Zip Code Grove City, OH 43123	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Real Property Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/192 Rpt: 167/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Wendy <hr/> 6 Contributor address; City; State; Zip Code Grove City, OH 43123	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr-Asst		9 Employer (See Instructions) Real Property Management
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoutamire, Danielle <hr/> Contributor address; City; State; Zip Code Cumming, GA 30041	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Homeside Properties
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoutamire, Danielle <hr/> Contributor address; City; State; Zip Code Cumming, GA 30041	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Homeside Properties
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Streenz, Shannon <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Streenz, Shannon <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/192 Rpt: 168/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Streenz, Shannon <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuemke, Kathryn <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55447	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Cities Management Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturges, Shelley <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Legal-Mgr		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturges, Shelley <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Legal-Mgr		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturges, Shelley <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Legal-Mgr		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/192 Rpt: 169/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> 6 Contributor address; City; State; Zip Code Livonia, MI 48154	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Kramer Triad Management Group
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Livonia, MI 48154	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Kramer Triad Management Group
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Livonia, MI 48154	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Kramer Triad Management Group
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surdock, Brandon <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surdock, Brandon <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Desert Resort Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/192 Rpt: 170/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Andrea <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75238	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Legal-VP		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Andrea <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Legal-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Andrea <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Legal-VP		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szatmari, Darla <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89130	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Associa Nevada South
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szatmari, Darla <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89130	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Associa Nevada South

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/192 Rpt: 171/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabanou, Sue <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77375	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Rec-Dir		9 Employer (See Instructions) Principal Mgmt Group Houston
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabanou, Sue <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Rec-Dir		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabanou, Sue <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Rec-Dir		Employer (See Instructions) Principal Mgmt Group Houston
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Takahashi, Satoko <hr/> Contributor address; City; State; Zip Code Wailuku, HI 96793	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Acctant (I)		Employer (See Instructions) Pacific Breeze Properties
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Takahashi, Satoko <hr/> Contributor address; City; State; Zip Code Wailuku, HI 96793	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Acctant (I)		Employer (See Instructions) Pacific Breeze Properties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/192 Rpt: 172/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Takahashi, Satoko <hr/> 6 Contributor address; City; State; Zip Code Wailuku, HI 96793	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Acctant (I)		9 Employer (See Instructions) Pacific Breeze Properties
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Paula <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92261	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Paula <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92261	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Desert Resort Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarantino, Jeanne <hr/> Contributor address; City; State; Zip Code Reno, NV 89521	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Sierra North
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarantino, Jeanne <hr/> Contributor address; City; State; Zip Code Reno, NV 89521	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Sierra North

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/192 Rpt: 173/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarantino, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Reno, NV 89521	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Associa Sierra North
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Alan <hr/> Contributor address; City; State; Zip Code Marlton, NJ 08053	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Alan <hr/> Contributor address; City; State; Zip Code Marlton, NJ 08053	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teconchuk, Jon <hr/> Contributor address; City; State; Zip Code Richmond, VA 23235	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teconchuk, Jon <hr/> Contributor address; City; State; Zip Code Richmond, VA 23235	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Community Group Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/192 Rpt: 174/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teonchuk, Jon <hr/> 6 Contributor address; City; State; Zip Code Richmond, VA 23235	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Community Group Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tellez, Cheyenna <hr/> Contributor address; City; State; Zip Code Fate, TX 75189	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) PMG North Texas
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tellez, Cheyenna <hr/> Contributor address; City; State; Zip Code Fate, TX 75189	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) PMG North Texas
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tellez, Cheyenna <hr/> Contributor address; City; State; Zip Code Fate, TX 75189	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) PMG North Texas
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teran, Isabel <hr/> Contributor address; City; State; Zip Code Houston, TX 77088	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Principal Mgmt Group Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/192 Rpt: 175/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teran, Isabel <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77088	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Admin-Asst		9 Employer (See Instructions) Principal Mgmt Group Houston
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teran, Isabel <hr/> Contributor address; City; State; Zip Code Houston, TX 77088	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Principal Mgmt Group Houston
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Carol <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Spec (I)		Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Carol <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Spec (I)		Employer (See Instructions) CSSC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thermidor, Jackie <hr/> Contributor address; City; State; Zip Code Parlin, NJ 08859	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) CMC NJ

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 173/192 Rpt: 176/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thermidor, Jackie <hr/> 6 Contributor address; City; State; Zip Code Parlin, NJ 08859	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) CMC NJ
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thigpen, Helen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal-VP		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thigpen, Helen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thigpen, Helen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal-VP		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Patrick <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Association Services Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 174/192 Rpt: 177/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Patrick <hr/> 6 Contributor address; City; State; Zip Code Bluffton, SC 29910	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Association Services Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Patrick <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Association Services Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Melisa <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Melisa <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trella, Aaron <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acctant-Sr (III)		Employer (See Instructions) CSSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 175/192 Rpt: 178/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trella, Aaron <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Acctant-Sr (III)		9 Employer (See Instructions) CSSC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsitos, John <hr/> Contributor address; City; State; Zip Code Chantilly, VA 20151	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) CMC Virginia
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsitos, John <hr/> Contributor address; City; State; Zip Code Chantilly, VA 20151	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsitos, John <hr/> Contributor address; City; State; Zip Code Chantilly, VA 20151	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) CMC Virginia
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Alexandra <hr/> Contributor address; City; State; Zip Code Palmetto, FL 34221	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales-VP		Employer (See Instructions) Associa Gulf Coast Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 176/192 Rpt: 179/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Alexandra <hr/> 6 Contributor address; City; State; Zip Code Palmetto, FL 34221	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sales-VP		9 Employer (See Instructions) Associa Gulf Coast Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urrutia, Jeanette <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Maint-Custodian		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urrutia, Jeanette <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Maint-Custodian		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urrutia, Jeanette <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Maint-Custodian		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Jaime <hr/> Contributor address; City; State; Zip Code Gainesville, VA 20155	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Ops-Analyst-Sr		Employer (See Instructions) CMC Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 177/192 Rpt: 180/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Jaime <hr/> 6 Contributor address; City; State; Zip Code Gainesville, VA 20155	7 Amount of Contribution (\$) \$11.00
8 Principal occupation / Job title (See Instructions) Ops-Analyst-Sr		9 Employer (See Instructions) CMC Virginia
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Jaime <hr/> Contributor address; City; State; Zip Code Gainesville, VA 20155	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Ops-Analyst-Sr		Employer (See Instructions) CMC Virginia
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Horn, Dominick <hr/> Contributor address; City; State; Zip Code Shamong, NJ 08088	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Field Serv-Dir		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Horn, Dominick <hr/> Contributor address; City; State; Zip Code Shamong, NJ 08088	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Field Serv-Dir		Employer (See Instructions) MAMCO - Mid Atlantic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanbenschoten, Kristina <hr/> Contributor address; City; State; Zip Code Fredericksburg, VA 22407	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Community Group Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 178/192 Rpt: 181/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanbenschoten, Kristina <hr/> 6 Contributor address; City; State; Zip Code Fredericksburg, VA 22407	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanbenschoten, Kristina <hr/> Contributor address; City; State; Zip Code Fredericksburg, VA 22407	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Community Group Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Rinu <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) IT-Adminstr-VP		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Rinu <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) IT-Adminstr-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Rinu <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) IT-Adminstr-VP		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 179/192 Rpt: 182/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veazey, Amanda <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Project Mgmt-Dir		9 Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veazey, Amanda <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Project Mgmt-Dir		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veazey, Amanda <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Project Mgmt-Dir		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veinot, Rachel <hr/> Contributor address; City; State; Zip Code Woodstock, GA 30188	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Project Mgmt-Mgr		Employer (See Instructions) Homeside Properties
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veinot, Rachel <hr/> Contributor address; City; State; Zip Code Woodstock, GA 30188	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Project Mgmt-Mgr		Employer (See Instructions) Homeside Properties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 180/192 Rpt: 183/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velazquez Jr., Orlando <hr/> 6 Contributor address; City; State; Zip Code Pembroke Pines, FL 33027	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) General Mgr (III)		9 Employer (See Instructions) Marquis
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velazquez Jr., Orlando <hr/> Contributor address; City; State; Zip Code Pembroke Pines, FL 33027	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) General Mgr (III)		Employer (See Instructions) Marquis
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villei, Carol <hr/> Contributor address; City; State; Zip Code Harleysville, PA 19438	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Mid Atlantic Management Corp
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villei, Carol <hr/> Contributor address; City; State; Zip Code Harleysville, PA 19438	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Mid Atlantic Management Corp
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voegele, Christen <hr/> Contributor address; City; State; Zip Code Warminster, PA 18974	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Ops-Dir (Branch)		Employer (See Instructions) Mid Atlantic Management Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 181/192 Rpt: 184/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voegele, Christen <hr/> 6 Contributor address; City; State; Zip Code Warminster, PA 18974	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Ops-Dir (Branch)		9 Employer (See Instructions) Mid Atlantic Management Corp
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, KIMBERLY <hr/> Contributor address; City; State; Zip Code ALEXANDRIA, VA 22304	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, KIMBERLY <hr/> Contributor address; City; State; Zip Code ALEXANDRIA, VA 22304	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, DEBORAH <hr/> Contributor address; City; State; Zip Code LEWES, DE 19958	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, DEBORAH <hr/> Contributor address; City; State; Zip Code LEWES, DE 19958	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Legum & Norman Realty Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 182/192 Rpt: 185/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Vickie <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75086	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Acctng-Spec (II)		9 Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Vickie <hr/> Contributor address; City; State; Zip Code Plano, TX 75086	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Acctng-Spec (II)		Employer (See Instructions) CSSC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Darci <hr/> Contributor address; City; State; Zip Code Blaine, MN 55449	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Cities Management Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Darci <hr/> Contributor address; City; State; Zip Code Blaine, MN 55449	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Cities Management Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Darci <hr/> Contributor address; City; State; Zip Code Blaine, MN 55449	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Cities Management Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 183/192 Rpt: 186/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wait, Morgan <hr/> 6 Contributor address; City; State; Zip Code Euless, TX 76040	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Database-Assc		9 Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wait, Morgan <hr/> Contributor address; City; State; Zip Code Euless, TX 76040	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Database-Assc		Employer (See Instructions) CSSC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waitt, Debra <hr/> Contributor address; City; State; Zip Code Derry, NH 03038	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Evergreen Harvard Group LLC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waitt, Debra <hr/> Contributor address; City; State; Zip Code Derry, NH 03038	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Evergreen Harvard Group LLC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Jordyn <hr/> Contributor address; City; State; Zip Code Albertville, MN 55301	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) Cities Management Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 184/192 Rpt: 187/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Jordyn <hr/> 6 Contributor address; City; State; Zip Code Albertville, MN 55301	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Ops-Mgr		9 Employer (See Instructions) Cities Management Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Jordyn <hr/> Contributor address; City; State; Zip Code Albertville, MN 55301	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) Cities Management Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Clint <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Real Estate-VP		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Clint <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Real Estate-VP		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Clint <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Real Estate-VP		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 185/192 Rpt: 188/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, Trevor <hr/> 6 Contributor address; City; State; Zip Code The Colony, TX 75056	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Controller		9 Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, Trevor <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Acctant-Sr (III)		Employer (See Instructions) CSSC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, John <hr/> Contributor address; City; State; Zip Code Cathedral City, CA 92234	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, John <hr/> Contributor address; City; State; Zip Code Cathedral City, CA 92234	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Debra <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Training-VP		Employer (See Instructions) N N Jaeschke Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 186/192 Rpt: 189/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Debra <hr/> 6 Contributor address; City; State; Zip Code San Rafael, CA 94901	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Training-VP		9 Employer (See Instructions) N N Jaeschke Inc
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Daryl <hr/> Contributor address; City; State; Zip Code Glenn Heights, TX 75154	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Bus-Analyst		Employer (See Instructions) CSSC
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Daryl <hr/> Contributor address; City; State; Zip Code Glenn Heights, TX 75154	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Bus-Analyst		Employer (See Instructions) CSSC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wecksler, Stephen <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30004	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales-Dir (Regional)		Employer (See Instructions) Homeside Properties
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wecksler, Stephen <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30004	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales-Dir (Regional)		Employer (See Instructions) Homeside Properties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 187/192 Rpt: 190/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiger, Vikki	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Canton, GA 30115		
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Homeside Properties
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiger, Vikki	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Canton, GA 30115		
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Homeside Properties
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Kevin	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Sewell, NJ 08080		
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Kevin	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Sewell, NJ 08080		
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) MAMCO - Mid Atlantic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Sean	Amount of Contribution (\$) \$59.62
Contributor address; City; State; Zip Code Grapevine, TX 76051		
Principal occupation / Job title (See Instructions) Sales-VP-Sr		Employer (See Instructions) Corporate Headquarters

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 188/192 Rpt: 191/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Sean <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$59.62
8 Principal occupation / Job title (See Instructions) Sales-VP-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Sean <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$59.62
Principal occupation / Job title (See Instructions) Sales-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, John <hr/> Contributor address; City; State; Zip Code Arlington, VA 22206	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, John <hr/> Contributor address; City; State; Zip Code Arlington, VA 22206	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson-Ellis, Denise <hr/> Contributor address; City; State; Zip Code South Elgin, IL 60177	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Associa Chicagoland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 189/192 Rpt: 192/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson-Ellis, Denise	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code South Elgin, IL 60177		
8 Principal occupation / Job title (See Instructions) Community-VP (Branch)		9 Employer (See Instructions) Associa Chicagoland
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiltshire, Heather	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code San Diego, CA 92115		
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) N N Jaeschke Inc
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiltshire, Heather	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code San Diego, CA 92115		
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) N N Jaeschke Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wissler, Amy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Somerset Association Managemen
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wissler, Amy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Somerset Association Managemen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 190/192 Rpt: 193/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wissler, Amy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) General Mgr (I)		9 Employer (See Instructions) Somerset Association Managemen
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wojczak, Amanda <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief HR Officer		Employer (See Instructions) Corporate Headquarters
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wojczak, Amanda <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief HR Officer		Employer (See Instructions) Corporate Headquarters
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wojczak, Amanda <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief HR Officer		Employer (See Instructions) Corporate Headquarters
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Jessica <hr/> Contributor address; City; State; Zip Code Port Angeles, WA 98362	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Blue Mountain Community Mgmt L

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 191/192 Rpt: 194/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Jessica <hr/> 6 Contributor address; City; State; Zip Code Port Angeles, WA 98362	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) Blue Mountain Community Mgmt L
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Jessica <hr/> Contributor address; City; State; Zip Code Port Angeles, WA 98362	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Blue Mountain Community Mgmt L
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody, Michelle <hr/> Contributor address; City; State; Zip Code Richmond, VA 23222	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) HR-Mgr		Employer (See Instructions) Community Group Inc
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody, Michelle <hr/> Contributor address; City; State; Zip Code Richmond, VA 23222	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) HR-Mgr		Employer (See Instructions) Community Group Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody, Michelle <hr/> Contributor address; City; State; Zip Code Richmond, VA 23222	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) HR-Mgr		Employer (See Instructions) Community Group Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 192/192 Rpt: 195/197
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Laura	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Colorado Springs, CO 80908		
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Associa Colorado
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Laura	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Colorado Springs, CO 80908		
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Colorado
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasonia-Murphy, Nicholas	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11228		
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasonia-Murphy, Nicholas	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11228		
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasonia-Murphy, Nicholas	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11228		
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 196/197	2 FILER NAME Associations, Inc. PAC	3 Filer ID (Ethics Commission Filers) 00067908
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4 Date 08/21/2024	5 Payee name Boris Miles Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5302 Alameda Rd. Ste. A Houston, TX 77004
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution in support of candidacy.
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/21/2024	Payee name Friends of Paul Bettencourt
--------------------	---

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 E. Greenway Plaza Ste. 225 Houston, TX 77046
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution in support of candidacy.
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/21/2024	Payee name Senfronia Thompson Campaign
--------------------	---

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4828 Loop Central Dr #600 Houston, TX 77081
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution in support of candidacy.
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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TEXT ANNOTATION

Sch: 1/1 Rpt: 197/197

FILER NAME
Associations, Inc. PAC

Filer ID (Ethics Commission Filers)
00067908

Schedule
F1

Information entered by filer as a memo:
\$6,800 in non-Texas political expenditures.