

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00067908		2 Total pages filed: 149	
3 COMMITTEE NAME Associations, Inc. PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/03/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 2301 N. Greenville Ave. 4th Floor Richardson, TX 75082				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. John NICKNAME LAST SUFFIX Krueger				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2301 N. Greenville Ave. 4th Floor Richardson, TX 75082				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2301 N. Greenville Ave. 4th Floor Richardson, TX 75082				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 272-4078				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 08/26/2025 09/25/2025				

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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
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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,427.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 298,884.17
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

FORM MPAC
COVER SHEET PG 3
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17 COMMITTEE NAME Associations, Inc. PAC		18 Filer ID (Ethics Commission Filers) 00067908
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,427.52
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	\$ 2,500.00
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: 1/143 Rpt: 4/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/19/2025	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 09/05/2025	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 09/19/2025	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) 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: 2/143 Rpt: 5/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Philip <hr/> 6 Contributor address; City; State; Zip Code Charlottesville, VA 22901	7 Amount of Contribution (\$) \$9.62
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) Community Group Inc
Date 09/19/2025	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
Date 09/05/2025	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
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al-Nazer, Sandra <hr/> Contributor address; City; State; Zip Code Gaithersburg, MD 20878	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) CMC Virginia
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al-Nazer, Sandra <hr/> Contributor address; City; State; Zip Code Gaithersburg, MD 20878	Amount of Contribution (\$) \$2.00
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: 3/143 Rpt: 6/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	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 08/29/2025	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 09/19/2025	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 09/05/2025	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 09/19/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/143 Rpt: 7/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 09/12/2025	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 08/29/2025	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 09/19/2025	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 (\$) \$7.00
Principal occupation / Job title (See Instructions) Finance-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	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 (\$) \$7.00
Principal occupation / Job title (See Instructions) Finance-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: 5/143 Rpt: 8/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrington, Michael 6 Contributor address; City; State; Zip Code Surprise, AZ 85378	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Associa Arizona
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrington, Michael 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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arterbury, James 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arterbury, James 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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLUM, LINDA 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/143 Rpt: 9/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLUM, LINDA <hr/> 6 Contributor address; City; State; Zip Code FREDERICK, MD 21703	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Community-VP (Branch)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 09/19/2025	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 09/05/2025	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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barfield, Natalie <hr/> Contributor address; City; State; Zip Code Myrtle Beach, SC 29575	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Waccamaw Management Inc
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barfield, Natalie <hr/> Contributor address; City; State; Zip Code Myrtle Beach, SC 29575	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Waccamaw Management Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/143 Rpt: 10/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Teresa <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 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Teresa <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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best-Jones, Sydney <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28405	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) VP Marketing		Employer (See Instructions) CAMS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/143 Rpt: 11/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best-Jones, Sydney <hr/> 6 Contributor address; City; State; Zip Code Wilmington, NC 28405	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) VP Marketing		9 Employer (See Instructions) CAMS
Date 09/12/2025	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 08/29/2025	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 09/19/2025	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 09/05/2025	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: 9/143 Rpt: 12/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boesen, Paige <hr/> 6 Contributor address; City; State; Zip Code Sparks, NV 89431	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Associa Sierra North
Date 09/05/2025	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 09/12/2025	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-VP (Branch)		Employer (See Instructions) The Prescott Companies Inc
Date 08/29/2025	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-VP (Branch)		Employer (See Instructions) The Prescott Companies Inc
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bossert, Ronda <hr/> Contributor address; City; State; Zip Code Awendaw, SC 29429	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SVP Management		Employer (See Instructions) CAMS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/143 Rpt: 13/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bossert, Ronda <hr/> 6 Contributor address; City; State; Zip Code Awendaw, SC 29429	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) SVP Management		9 Employer (See Instructions) CAMS
Date 09/12/2025	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 08/29/2025	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 09/12/2025	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 08/29/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/143 Rpt: 14/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breuer, Heather <hr/> 6 Contributor address; City; State; Zip Code Albertville, MN 55301	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) Associa Minnesota
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breuer, Heather <hr/> Contributor address; City; State; Zip Code Albertville, MN 55301	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Associa Minnesota
Date 09/12/2025	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 08/29/2025	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 09/19/2025	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: 12/143 Rpt: 15/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, P. 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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, John 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 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, John 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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Arthur 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Arthur 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/143 Rpt: 16/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/19/2025	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 09/05/2025	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 09/12/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/143 Rpt: 17/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	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 09/19/2025	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 09/05/2025	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 09/12/2025	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) Admin-Asst		Employer (See Instructions) CSSC
Date 08/29/2025	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) Admin-Asst		Employer (See Instructions) CSSC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/143 Rpt: 18/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	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 08/29/2025	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.
Date 09/19/2025	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 (\$) \$44.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Community Group Inc
Date 09/05/2025	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 (\$) \$14.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Community Group Inc
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caplan, Elisa <hr/> Contributor address; City; State; Zip Code Roswell, GA 30075	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP of HR		Employer (See Instructions) Heritage Property Management Services LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/143 Rpt: 19/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caplan, Elisa <hr/> 6 Contributor address; City; State; Zip Code Roswell, GA 30075	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) VP of HR		9 Employer (See Instructions) Heritage Property Management Services LLC
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caplinger, Yvette <hr/> Contributor address; City; State; Zip Code Tampa, FL 33618	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Associa Gulf Coast Inc
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caplinger, Yvette <hr/> Contributor address; City; State; Zip Code Tampa, FL 33618	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Associa Gulf Coast Inc
Date 09/19/2025	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 09/05/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/143 Rpt: 20/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/19/2025	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 09/05/2025	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 09/19/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/143 Rpt: 21/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 09/12/2025	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 08/29/2025	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 09/19/2025	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 09/05/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/143 Rpt: 22/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/19/2025	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 09/05/2025	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 09/19/2025	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: 20/143 Rpt: 23/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clappison, Dale <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33021	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Pennmanner Community
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clappison, Dale <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33021	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Pennmanner Community
Date 09/19/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Land Arc Inc
Date 09/05/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Land Arc Inc

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/143 Rpt: 24/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Communications-Dir		9 Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	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 (\$) \$8.00
Principal occupation / Job title (See Instructions) Communications-Dir		Employer (See Instructions) Corporate Headquarters
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemente, Kari <hr/> Contributor address; City; State; Zip Code Belmont, NC 28012	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Community Manager		Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemente, Kari <hr/> Contributor address; City; State; Zip Code Belmont, NC 28012	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Community Manager		Employer (See Instructions) CAMS
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Gavin <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30350	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) Heritage Property Management Services LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/143 Rpt: 25/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Gavin <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30350	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) President and CEO		9 Employer (See Instructions) Heritage Property Management Services LLC
Date 09/19/2025	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 09/05/2025	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 09/12/2025	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
Date 08/29/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/143 Rpt: 26/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Paula 6 Contributor address; City; State; Zip Code Panama City, FL 32405	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Community-VP (Branch)		9 Employer (See Instructions) Burg Management Co Inc
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Paula 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 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copenhaver, Alison Contributor address; City; State; Zip Code Roswell, GA 30075	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Buisness Services and Operations		Employer (See Instructions) Heritage Property Management Services LLC
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copenhaver, Alison Contributor address; City; State; Zip Code Roswell, GA 30075	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Buisness Services and Operations		Employer (See Instructions) Heritage Property Management Services LLC
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corcoran, Kim Contributor address; City; State; Zip Code Albuquerque, NM 87110	Amount of Contribution (\$) \$48.00
Principal occupation / Job title (See Instructions) OPS-Dir-Corporate Dev		Employer (See Instructions) Canyon Gate Real Estate Servic

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/143 Rpt: 27/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corcoran, Kim <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87110	7 Amount of Contribution (\$) \$48.00
8 Principal occupation / Job title (See Instructions) OPS-Dir-Corporate Dev		9 Employer (See Instructions) Canyon Gate Real Estate Servic
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosby II, Carnell <hr/> Contributor address; City; State; Zip Code Royal Oak, MI 48073	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Kramer Triad Management Group
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosby II, Carnell <hr/> Contributor address; City; State; Zip Code Royal Oak, MI 48073	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Kramer Triad Management Group
Date 09/19/2025	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-Dir (Branch)		Employer (See Instructions) Kramer Triad Management Group
Date 09/05/2025	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-Dir (Branch)		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: 25/143 Rpt: 28/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Christie <hr/> 6 Contributor address; City; State; Zip Code Desert Hot Springs, CA 92240	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Desert Resort Management
Date 08/29/2025	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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cvach, Joseph <hr/> Contributor address; City; State; Zip Code Clearwater, FL 33755	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Gulf Coast Inc
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cvach, Joseph <hr/> Contributor address; City; State; Zip Code Clearwater, FL 33755	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Gulf Coast Inc
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Souza, Tessa <hr/> Contributor address; City; State; Zip Code Fallbrook, CA 92028	Amount of Contribution (\$) \$2.00
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: 26/143 Rpt: 29/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	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 09/19/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Minnesota
Date 09/05/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Associa Minnesota
Date 09/19/2025	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 09/05/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/143 Rpt: 30/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danys, Dorian <hr/> 6 Contributor address; City; State; Zip Code Sarasota, FL 34238	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Ops-VP		9 Employer (See Instructions) Associa Gulf Coast Inc
Date 08/29/2025	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 09/19/2025	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 09/05/2025	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 09/12/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/143 Rpt: 31/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Patricia <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Acctng-Mgr-Sr		9 Employer (See Instructions) CSSC
Date 09/19/2025	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 09/05/2025	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 09/19/2025	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 09/05/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/143 Rpt: 32/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	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 08/29/2025	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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge, Jamie <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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge, Jamie <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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge, Mark <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Ops-VP		Employer (See Instructions) Desert Resort Management

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/143 Rpt: 33/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge, Mark <hr/> 6 Contributor address; City; State; Zip Code Palm Desert, CA 92260	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Ops-VP		9 Employer (See Instructions) Desert Resort Management
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Drew <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) COO and Sr Property Manager		Employer (See Instructions) Choice NY Property Management
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Drew <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) COO and Sr Property Manager		Employer (See Instructions) Choice NY Property Management
Date 09/12/2025	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) Ops-VP (Branch)		Employer (See Instructions) Houston Community Mgmt Service
Date 08/29/2025	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) Ops-VP (Branch)		Employer (See Instructions) Houston Community Mgmt Service

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/143 Rpt: 34/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draghici, Mihaela <hr/> 6 Contributor address; City; State; Zip Code Fairfax, VA 22030	7 Amount of Contribution (\$) \$0.25
8 Principal occupation / Job title (See Instructions) Acctant-Sr (III)		9 Employer (See Instructions) CMC Virginia
Date 09/05/2025	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 09/12/2025	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 08/29/2025	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 09/19/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/143 Rpt: 35/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Glen Allen, VA 23060	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) Community Group Inc
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddy, Andrea <hr/> Contributor address; City; State; Zip Code Hilton Head Island, SC 29926	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Atlantic States Management
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddy, Andrea <hr/> Contributor address; City; State; Zip Code Hilton Head Island, SC 29926	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Atlantic States Management
Date 09/19/2025	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 (\$) \$190.00
Principal occupation / Job title (See Instructions) CCO-Chief Corporate Officer		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	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 (\$) \$190.00
Principal occupation / Job title (See Instructions) CCO-Chief Corporate Officer		Employer (See Instructions) Corporate Headquarters

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/143 Rpt: 36/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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-Pres (Branch)		9 Employer (See Instructions) Canyon Gate Real Estate Servic
Date 09/05/2025	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-Pres (Branch)		Employer (See Instructions) Canyon Gate Real Estate Servic
Date 09/19/2025	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 09/05/2025	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 09/19/2025	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) IT-Helpdesk-Analyst		Employer (See Instructions) Corporate Headquarters

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/143 Rpt: 37/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Encabo, Miguel Liam <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75032	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) IT-Helpdesk-Analyst		9 Employer (See Instructions) Corporate Headquarters
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Maria <hr/> Contributor address; City; State; Zip Code La Quinta, CA 92253	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Desert Resort Management
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Maria <hr/> Contributor address; City; State; Zip Code La Quinta, CA 92253	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Desert Resort Management
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Entwistle, Janine <hr/> Contributor address; City; State; Zip Code Pawleys Island, SC 29585	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Entwistle, Janine <hr/> Contributor address; City; State; Zip Code Pawleys Island, SC 29585	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) CAMS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/143 Rpt: 38/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FULKES, LORIE <hr/> Contributor address; City; State; Zip Code WINTER PARK, FL 32792	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Hara Community
Date 09/12/2025	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 08/29/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Michael <hr/> Contributor address; City; State; Zip Code Warren, NJ 07059	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Choice NY Property Management

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/143 Rpt: 39/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Michael <hr/> 6 Contributor address; City; State; Zip Code Warren, NJ 07059	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Choice NY Property Management
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenn, Jolene <hr/> Contributor address; City; State; Zip Code Otsego, MN 55301	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Minnesota
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenn, Jolene <hr/> Contributor address; City; State; Zip Code Otsego, MN 55301	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Minnesota
Date 09/19/2025	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 09/05/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/143 Rpt: 40/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Field, John <hr/> 6 Contributor address; City; State; Zip Code Carbondale, CO 81623	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Ops-VP-Sr (Regional)		9 Employer (See Instructions) Associa Colorado
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Field, John <hr/> Contributor address; City; State; Zip Code Carbondale, CO 81623	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) Associa Colorado
Date 09/19/2025	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 (\$) \$9.50
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 09/05/2025	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 (\$) \$9.50
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Erica <hr/> Contributor address; City; State; Zip Code Dundalk, MD 21222	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) CMC Virginia

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/143 Rpt: 41/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Erica <hr/> 6 Contributor address; City; State; Zip Code Dundalk, MD 21222	7 Amount of Contribution (\$) \$13.00
8 Principal occupation / Job title (See Instructions) General Mgr (II)		9 Employer (See Instructions) CMC Virginia
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flinchum, Adam <hr/> Contributor address; City; State; Zip Code Arlington, VA 22203	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) CMC Virginia
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flinchum, Adam <hr/> Contributor address; City; State; Zip Code Arlington, VA 22203	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) CMC Virginia
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foell, Kathryn <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) IT-Adminstr-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foell, Kathryn <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$9.62
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: 39/143 Rpt: 42/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortin, Andrew <hr/> 6 Contributor address; City; State; Zip Code Fort Meade, FL 33841	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Govmt Affairs-VP-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	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 09/19/2025	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
Date 09/05/2025	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
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frangiosa, Theresa <hr/> Contributor address; City; State; Zip Code Jeffersonville, PA 19403	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Mid Atlantic Management Corp

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/143 Rpt: 43/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frangiosa, Theresa <hr/> 6 Contributor address; City; State; Zip Code Jeffersonville, PA 19403	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Admin-Asst		9 Employer (See Instructions) Mid Atlantic Management Corp
Date 09/19/2025	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 Marketing Officer		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	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 Marketing Officer		Employer (See Instructions) Corporate Headquarters
Date 09/19/2025	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 09/05/2025	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: 41/143 Rpt: 44/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUNN, RUTH <hr/> 6 Contributor address; City; State; Zip Code FAIRFAX, VA 22031	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUNN, RUTH <hr/> Contributor address; City; State; Zip Code FAIRFAX, VA 22031	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galambos, Theresa <hr/> Contributor address; City; State; Zip Code Sterling, VA 20164	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Acctng-Dir (Branch)		Employer (See Instructions) CMC Virginia
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galambos, Theresa <hr/> Contributor address; City; State; Zip Code Sterling, VA 20164	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Acctng-Dir (Branch)		Employer (See Instructions) CMC Virginia
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamiz, Jennifer <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Marketing-Dir-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: 42/143 Rpt: 45/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamiz, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Marketing-Dir-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 09/12/2025	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 08/29/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Lori <hr/> Contributor address; City; State; Zip Code Saline, MI 48176	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Kramer Triad Management Group
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Lori <hr/> Contributor address; City; State; Zip Code Saline, MI 48176	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) Kramer Triad Management Group

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/143 Rpt: 46/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Kirk <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Ops-VP-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Kirk <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillman, Andrew <hr/> Contributor address; City; State; Zip Code Miami, FL 33138	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Marquis
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillman, Andrew <hr/> Contributor address; City; State; Zip Code Miami, FL 33138	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Marquis
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gjekaj, Elona <hr/> Contributor address; City; State; Zip Code Wallington, NJ 07057	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Property Accountant		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: 44/143 Rpt: 47/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gjekaj, Elona <hr/> 6 Contributor address; City; State; Zip Code Wallington, NJ 07057	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Property Accountant		9 Employer (See Instructions) Choice NY Property Management
Date 09/12/2025	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 (\$) \$9.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/29/2025	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 (\$) \$9.00
Principal occupation / Job title (See Instructions) Community-Mgr-Asst		Employer (See Instructions) Legum & Norman Realty Inc.
Date 09/19/2025	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 09/05/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/143 Rpt: 48/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granozio, Joanne <hr/> 6 Contributor address; City; State; Zip Code Cherry Hill, NJ 08002	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		9 Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/29/2025	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 09/19/2025	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 09/05/2025	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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Lee <hr/> Contributor address; City; State; Zip Code Boston, MA 02122	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Evergreen Harvard Group LLC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/143 Rpt: 49/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Lee <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02122	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Govmt Affairs-VP		9 Employer (See Instructions) Evergreen Harvard Group LLC
Date 09/12/2025	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 (III)		Employer (See Instructions) Associa Chicagoland
Date 08/29/2025	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 (III)		Employer (See Instructions) Associa Chicagoland
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Crystal <hr/> Contributor address; City; State; Zip Code Santa Fe, TN 38482	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Onsite Manager		Employer (See Instructions) Associa Tennessee
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Crystal <hr/> Contributor address; City; State; Zip Code Santa Fe, TN 38482	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Onsite Manager		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: 47/143 Rpt: 50/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/19/2025	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 09/05/2025	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 09/12/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/143 Rpt: 51/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Vivian 6 Contributor address; City; State; Zip Code Dallas, TX 75227	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Acctng-Spec (II)		9 Employer (See Instructions) CSSC
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAIRE-WILLIAMS, JESSICA Contributor address; City; State; Zip Code TEMECULA, CA 92592	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) The Prescott Companies Inc
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAIRE-WILLIAMS, JESSICA Contributor address; City; State; Zip Code TEMECULA, CA 92592	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) The Prescott Companies Inc
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hames, James Contributor address; City; State; Zip Code Upper Marlboro, MD 20772	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) CMC Virginia
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hames, James Contributor address; City; State; Zip Code Upper Marlboro, MD 20772	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) CMC Virginia

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/143 Rpt: 52/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Happ, Roberta <hr/> 6 Contributor address; City; State; Zip Code Palm Desert, CA 92211	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) The Prescott Companies Inc
Date 09/19/2025	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 09/05/2025	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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Jenniffer <hr/> Contributor address; City; State; Zip Code Eastampton, NJ 08060	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Sales-Mgr		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Jenniffer <hr/> Contributor address; City; State; Zip Code Eastampton, NJ 08060	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Sales-Mgr		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: 50/143 Rpt: 53/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Ty <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20009	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) General Mgr (III)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/29/2025	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) General Mgr (III)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 09/12/2025	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 (\$) \$7.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/29/2025	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 (\$) \$7.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) MAMCO - Mid Atlantic
Date 09/12/2025	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 (Regional)		Employer (See Instructions) MAMCO - Mid Atlantic

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/143 Rpt: 54/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastings, Nancy <hr/> 6 Contributor address; City; State; Zip Code Barnegat, NJ 08005	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Ops-VP-Sr		9 Employer (See Instructions) MAMCO - Mid Atlantic
Date 09/12/2025	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
Date 08/29/2025	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
Date 09/19/2025	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 09/05/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/143 Rpt: 55/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Taylor <hr/> 6 Contributor address; City; State; Zip Code Irma, SC 29063	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RVP		9 Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Taylor <hr/> Contributor address; City; State; Zip Code Irma, SC 29063	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RVP		Employer (See Instructions) CAMS
Date 09/19/2025	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 09/05/2025	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 09/19/2025	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: 53/143 Rpt: 56/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) General Mgr (I)		9 Employer (See Instructions) Somerset Association Managemen
Date 09/12/2025	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 08/29/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, John <hr/> Contributor address; City; State; Zip Code Franklin, KY 42134	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Associa Tennessee
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, John <hr/> Contributor address; City; State; Zip Code Franklin, KY 42134	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		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: 54/143 Rpt: 57/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermogenes, Ma Carcel <hr/> Contributor address; City; State; Zip Code Springfield, VA 22151	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) CMC Virginia
Date 09/12/2025	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 (\$) \$6.00
Principal occupation / Job title (See Instructions) Rec-Dir		Employer (See Instructions) CMC NJ
Date 08/29/2025	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 (\$) \$6.00
Principal occupation / Job title (See Instructions) Rec-Dir		Employer (See Instructions) CMC NJ
Date 09/19/2025	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: 55/143 Rpt: 58/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 09/12/2025	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 08/29/2025	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 09/19/2025	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 09/05/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/143 Rpt: 59/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillen, Coleen <hr/> 6 Contributor address; City; State; Zip Code Midlothian, VA 23113	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Community Group Inc
Date 09/05/2025	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) Community-Mgr (III)		Employer (See Instructions) Community Group Inc
Date 09/12/2025	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
Date 08/29/2025	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
Date 09/12/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) The Prescott Companies Inc

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/143 Rpt: 60/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang, Phung <hr/> 6 Contributor address; City; State; Zip Code Murrieta, CA 92563	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) The Prescott Companies Inc
Date 09/12/2025	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 08/29/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Jimmy <hr/> Contributor address; City; State; Zip Code Port Chester, NY 10573	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr Property Accountant		Employer (See Instructions) Choice NY Property Management
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Jimmy <hr/> Contributor address; City; State; Zip Code Port Chester, NY 10573	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr Property Accountant		Employer (See Instructions) Choice NY Property Management

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/143 Rpt: 61/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Sellah <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87121	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Canyon Gate Real Estate Servic
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Sellah <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87121	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Canyon Gate Real Estate Servic
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, April <hr/> Contributor address; City; State; Zip Code Newport News, VA 23608	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, April <hr/> Contributor address; City; State; Zip Code Newport News, VA 23608	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horndasch, Erica <hr/> Contributor address; City; State; Zip Code Wauconda, IL 60084	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Associa Chicagoland

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/143 Rpt: 62/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horndasch, Erica <hr/> 6 Contributor address; City; State; Zip Code Wauconda, IL 60084	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) Associa Chicagoland
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hourscht, Jennifer <hr/> Contributor address; City; State; Zip Code Oro Valley, AZ 85755	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Arizona
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hourscht, Jennifer <hr/> Contributor address; City; State; Zip Code Oro Valley, AZ 85755	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Arizona
Date 09/19/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc
Date 09/05/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Community Group Inc

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	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) Ops-VP (Regional)		9 Employer (See Instructions) Associa Northern California
Date 08/29/2025	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) Ops-VP (Regional)		Employer (See Instructions) Associa Northern California
Date 09/19/2025	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) Community-Pres (Branch)		Employer (See Instructions) IPM Corp of Brevard Inc
Date 09/05/2025	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) Community-Pres (Branch)		Employer (See Instructions) IPM Corp of Brevard Inc
Date 09/19/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/143 Rpt: 64/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Carl <hr/> Contributor address; City; State; Zip Code Lawrenceville, GA 30045	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP of Property Management		Employer (See Instructions) Heritage Property Management Services LLC
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Carl <hr/> Contributor address; City; State; Zip Code Lawrenceville, GA 30045	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP of Property Management		Employer (See Instructions) Heritage Property Management Services LLC
Date 09/12/2025	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
Date 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/143 Rpt: 65/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Susan <hr/> 6 Contributor address; City; State; Zip Code White, GA 30184	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Acctng-Spec (II)		9 Employer (See Instructions) Homeside Properties
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Susan <hr/> Contributor address; City; State; Zip Code White, GA 30184	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acctng-Spec (II)		Employer (See Instructions) Homeside Properties
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Deborah <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Dartmouth
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Deborah <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Dartmouth
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Janel <hr/> 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/143 Rpt: 66/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Janel <hr/> 6 Contributor address; City; State; Zip Code Ft. Worth, TX 76112	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) PMG North Texas
Date 09/12/2025	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 (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Ops-Analyst-Sr		Employer (See Instructions) Mid Atlantic Management Corp
Date 08/29/2025	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 (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Ops-Analyst-Sr		Employer (See Instructions) Mid Atlantic Management Corp
Date 09/19/2025	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 (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Maint-Tech		Employer (See Instructions) CMC Virginia
Date 09/05/2025	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 (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Maint-Tech		Employer (See Instructions) CMC Virginia

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/143 Rpt: 67/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kehayias, Sofia <hr/> 6 Contributor address; City; State; Zip Code Falls Church, VA 22042	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) General Mgr (III)		9 Employer (See Instructions) CMC Virginia
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kehayias, Sofia <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22042	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (III)		Employer (See Instructions) CMC Virginia
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Marlo <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Somerset Association Managemen
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Marlo <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) Somerset Association Managemen
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Keanon <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) CSSC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/143 Rpt: 68/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Keanon <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75002	7 Amount of Contribution (\$) \$18.00
8 Principal occupation / Job title (See Instructions) Admin-Asst		9 Employer (See Instructions) CSSC
Date 09/12/2025	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 08/29/2025	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 09/19/2025	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 09/05/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/143 Rpt: 69/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Deanna <hr/> 6 Contributor address; City; State; Zip Code Winnabow, NC 28479	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RVP		9 Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Deanna <hr/> Contributor address; City; State; Zip Code Winnabow, NC 28479	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RVP		Employer (See Instructions) CAMS
Date 09/19/2025	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) Principal Mgmt Group Houston
Date 09/05/2025	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) Principal Mgmt Group Houston
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchin, Margaret <hr/> 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/143 Rpt: 70/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchin, Margaret <hr/> 6 Contributor address; City; State; Zip Code North Wales, PA 19454	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Bus Devolp-VP		9 Employer (See Instructions) Mid Atlantic Management Corp
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klesmit, Lynn <hr/> Contributor address; City; State; Zip Code Coon Rapids, MN 55448	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Minnesota
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klesmit, Lynn <hr/> Contributor address; City; State; Zip Code Coon Rapids, MN 55448	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Minnesota
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kluever, Larry <hr/> 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 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kluever, Larry <hr/> 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/143 Rpt: 71/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kluver, Joshua <hr/> 6 Contributor address; City; State; Zip Code New Hope, MN 55428	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Community-Dir (Branch)		9 Employer (See Instructions) Cities Management Inc
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kluver, Joshua <hr/> Contributor address; City; State; Zip Code New Hope, MN 55428	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Dir (Branch)		Employer (See Instructions) Cities Management Inc
Date 09/19/2025	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 09/05/2025	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 09/19/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/143 Rpt: 72/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Meredith <hr/> 6 Contributor address; City; State; Zip Code Union Bridge, MD 21791	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) CMC Virginia
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, John <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$118.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, John <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$118.00
Principal occupation / Job title (See Instructions) Govmt Affairs-VP		Employer (See Instructions) Corporate Headquarters
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruppa, Brian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Chief Legal Officer		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruppa, Brian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Chief Legal 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: 70/143 Rpt: 73/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEDELL, JASON <hr/> 6 Contributor address; City; State; Zip Code Henderson, NV 89052	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		9 Employer (See Instructions) Associa Nevada South
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEDELL, JASON <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Associa Nevada South
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUSCOMBE, JILL <hr/> Contributor address; City; State; Zip Code Royal Oak, MI 48073	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acct Mgmt-Mgr		Employer (See Instructions) Land Arc Inc
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUSCOMBE, JILL <hr/> Contributor address; City; State; Zip Code Royal Oak, MI 48073	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acct Mgmt-Mgr		Employer (See Instructions) Land Arc Inc
Date 09/19/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/143 Rpt: 74/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lainez, Gita 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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanin-Trina, Michele 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanin-Trina, Michele 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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lape, Hilary 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lape, Hilary 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/143 Rpt: 75/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, David 6 Contributor address; City; State; Zip Code Palm Desert, CA 92260	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Desert Resort Management
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, David Contributor address; City; State; Zip Code Palm Desert, CA 92260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Desert Resort Management
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leazer, Tamara Contributor address; City; State; Zip Code Loganville, GA 30052	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Community Management Assoc Inc
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leazer, Tamara Contributor address; City; State; Zip Code Loganville, GA 30052	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Community Management Assoc Inc
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenau, Stacey Contributor address; City; State; Zip Code Vass, NC 28394	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP of HR		Employer (See Instructions) CAMS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/143 Rpt: 76/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenau, Stacey <hr/> 6 Contributor address; City; State; Zip Code Vass, NC 28394	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) VP of HR		9 Employer (See Instructions) CAMS
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebling, Jeffrey <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Acctng-Dir (Branch)		Employer (See Instructions) Associa Chicagoland
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebling, Jeffrey <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Acctng-Dir (Branch)		Employer (See Instructions) Associa Chicagoland
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippert, Marc <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92211	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-Dir (Branch)		Employer (See Instructions) Associa OnCall California Inc
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippert, Marc <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92211	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ops-Dir (Branch)		Employer (See Instructions) Associa OnCall California Inc

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/143 Rpt: 77/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Rita <hr/> 6 Contributor address; City; State; Zip Code The Colony, TX 75056	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Ops-VP		9 Employer (See Instructions) CSSC
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Rita <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Ops-VP		Employer (See Instructions) CSSC
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing-VP		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing-VP		Employer (See Instructions) Corporate Headquarters
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Christina <hr/> Contributor address; City; State; Zip Code New Bern, NC 28560	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community Manager		Employer (See Instructions) CAMS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/143 Rpt: 78/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Christina <hr/> 6 Contributor address; City; State; Zip Code New Bern, NC 28560	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Community Manager		9 Employer (See Instructions) CAMS
Date 09/12/2025	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 (I)		Employer (See Instructions) Desert Resort Management
Date 08/29/2025	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 09/12/2025	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 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/143 Rpt: 79/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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-VP		9 Employer (See Instructions) Kramer Triad Management Group
Date 09/05/2025	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-VP		Employer (See Instructions) Kramer Triad Management Group
Date 09/19/2025	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 09/05/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lue, Shaun <hr/> Contributor address; City; State; Zip Code River Vale, NJ 07675	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SR VP Accounting		Employer (See Instructions) Choice NY Property Management

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/143 Rpt: 80/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lue, Shaun <hr/> 6 Contributor address; City; State; Zip Code River Vale, NJ 07675	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) SR VP Accounting		9 Employer (See Instructions) Choice NY Property Management
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luginbuhl, Jessica <hr/> Contributor address; City; State; Zip Code Somers, CT 06071	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Westford Real Estate Mgmt LLC
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luginbuhl, Jessica <hr/> Contributor address; City; State; Zip Code Somers, CT 06071	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Westford Real Estate Mgmt LLC
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luke, Jamie <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luke, Jamie <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Ops-VP-Sr		Employer (See Instructions) Corporate Headquarters

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/143 Rpt: 81/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCILYAR, HANG <hr/> 6 Contributor address; City; State; Zip Code Richmond, VA 23228	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Admin-Office-Mgr		9 Employer (See Instructions) Community Group Inc
Date 09/05/2025	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 09/19/2025	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 09/05/2025	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 09/12/2025	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.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/143 Rpt: 82/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malavathu, Poornashri <hr/> 6 Contributor address; City; State; Zip Code Chantilly, VA 20152	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Finan-Analyst		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 09/12/2025	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
Date 08/29/2025	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
Date 09/12/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) General Mgr-Asst		Employer (See Instructions) Desert Resort Management
Date 08/29/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) General Mgr-Asst		Employer (See Instructions) Desert Resort Management

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/143 Rpt: 83/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcou, Amalea <hr/> 6 Contributor address; City; State; Zip Code West Chicago, IL 60185	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Trainer-Sr		9 Employer (See Instructions) Associa Chicagoland
Date 08/29/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Trainer-Sr		Employer (See Instructions) Associa Chicagoland
Date 09/12/2025	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 08/29/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Joy <hr/> Contributor address; City; State; Zip Code Moundsview, MN 55112	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Cities Management Inc

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/143 Rpt: 84/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Joy <hr/> 6 Contributor address; City; State; Zip Code Moundsview, MN 55112	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Cities Management Inc
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Linda <hr/> Contributor address; City; State; Zip Code Canton, MI 48188	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Kramer Triad Management Group
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Linda <hr/> Contributor address; City; State; Zip Code Canton, MI 48188	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Kramer Triad Management Group
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Melissa <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (II)		Employer (See Instructions) Principal Mgmt Group Houston
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Melissa <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$5.00
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: 82/143 Rpt: 85/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marton, Sue 6 Contributor address; City; State; Zip Code Richmond, VA 23235	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Community Group Inc
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marton, Sue Contributor address; City; State; Zip Code Richmond, VA 23235	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Community Group Inc
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massart, Savannah 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massart, Savannah 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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Darla Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) PMG North Texas

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/143 Rpt: 86/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 (II)		9 Employer (See Instructions) PMG North Texas
Date 09/19/2025	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 (\$) \$36.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) CMC Virginia
Date 09/05/2025	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 (\$) \$36.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) CMC Virginia
Date 09/19/2025	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 09/05/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/143 Rpt: 87/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Marc <hr/> 6 Contributor address; City; State; Zip Code Nokesville, VA 20181	7 Amount of Contribution (\$) \$21.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDevitt, Shane <hr/> Contributor address; City; State; Zip Code Costa Mesa, CA 92627	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctant (I)		Employer (See Instructions) PCM California
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDevitt, Shane <hr/> Contributor address; City; State; Zip Code Costa Mesa, CA 92627	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctant (I)		Employer (See Instructions) PCM California
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Kim <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Acctng-VP		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Kim <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Acctng-VP		Employer (See Instructions) Corporate Headquarters

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/143 Rpt: 88/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeill, Matthew 6 Contributor address; City; State; Zip Code St. Paul, MN 55102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Community-Pres (Branch)		9 Employer (See Instructions) Cities Management Inc
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeill, Matthew Contributor address; City; State; Zip Code St. Paul, MN 55102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) Cities Management Inc
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mejia, Lucia Contributor address; City; State; Zip Code Bacliff, TX 77518	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Houston Community Mgmt Service
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mejia, Lucia Contributor address; City; State; Zip Code Bacliff, TX 77518	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Houston Community Mgmt Service
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Joanne Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Acctng-Spec (II)		Employer (See Instructions) CSSC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/143 Rpt: 89/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	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 (II)		9 Employer (See Instructions) CSSC
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Cameron <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76028	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Concierge-Sr		Employer (See Instructions) Somerset Association Managemen
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Cameron <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76028	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Concierge-Sr		Employer (See Instructions) Somerset Association Managemen
Date 09/19/2025	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 09/05/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/143 Rpt: 90/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/19/2025	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
Date 09/05/2025	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
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Susan <hr/> Contributor address; City; State; Zip Code Corsicana, TX 75110	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ins-Acct Exec		Employer (See Instructions) Corporate Headquarters

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/143 Rpt: 91/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Susan <hr/> 6 Contributor address; City; State; Zip Code Corsicana, TX 75110	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Ins-Acct Exec		9 Employer (See Instructions) Corporate Headquarters
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Eddie <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96825	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Hawaii
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Eddie <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96825	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (III)		Employer (See Instructions) Associa Hawaii
Date 09/12/2025	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) Houston Community Mgmt Service
Date 08/29/2025	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) Houston Community Mgmt Service

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/143 Rpt: 92/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morin, JoAngela <hr/> 6 Contributor address; City; State; Zip Code Anna, TX 75409	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Acctng-Dir (CSSC)		9 Employer (See Instructions) CSSC
Date 08/29/2025	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 09/12/2025	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 08/29/2025	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 09/12/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/143 Rpt: 93/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	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 09/19/2025	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) Community-VP (Branch)		Employer (See Instructions) Atlantic States Management
Date 09/05/2025	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) Community-VP (Branch)		Employer (See Instructions) Atlantic States Management
Date 09/12/2025	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 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/143 Rpt: 94/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIAZ, SOFIA <hr/> 6 Contributor address; City; State; Zip Code WOODBURY, MN 55129	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Rec-Dir		9 Employer (See Instructions) Associa Minnesota
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIAZ, SOFIA <hr/> Contributor address; City; State; Zip Code WOODBURY, MN 55129	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Rec-Dir		Employer (See Instructions) Associa Minnesota
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHOLS, CHELSEA <hr/> Contributor address; City; State; Zip Code Sachse, TX 75048	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) PMG North Texas
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHOLS, CHELSEA <hr/> Contributor address; City; State; Zip Code Sachse, TX 75048	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) PMG North Texas
Date 09/19/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/143 Rpt: 95/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neely, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Hilton Head, SC 29928	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Branch)		9 Employer (See Instructions) Association Services Inc
Date 09/12/2025	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) Ops-VP (Regional)		Employer (See Instructions) CMP Orlando
Date 08/29/2025	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) Ops-VP (Regional)		Employer (See Instructions) CMP Orlando
Date 09/12/2025	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 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/143 Rpt: 96/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Michelle <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Chief HR Officer		9 Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Michelle <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief HR Officer		Employer (See Instructions) Corporate Headquarters
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Corporate Headquarters
Date 09/12/2025	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.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/143 Rpt: 97/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Quinn, Shawn <hr/> 6 Contributor address; City; State; Zip Code Burke, VA 22015	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) General Mgr (II)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 09/12/2025	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 08/29/2025	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 09/12/2025	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 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/143 Rpt: 98/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orberg, Derrick <hr/> 6 Contributor address; City; State; Zip Code Deland, FL 32724	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) CMP Orlando
Date 08/29/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orduno, Richard <hr/> Contributor address; City; State; Zip Code Rolesville, NC 27571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RVP		Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orduno, Richard <hr/> Contributor address; City; State; Zip Code Rolesville, NC 27571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RVP		Employer (See Instructions) CAMS
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, David <hr/> Contributor address; City; State; Zip Code Leland, NC 28451	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CAMS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/143 Rpt: 99/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, David <hr/> 6 Contributor address; City; State; Zip Code Leland, NC 28451	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) CAMS
Date 09/12/2025	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 08/29/2025	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 09/12/2025	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 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/143 Rpt: 100/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Packard, Michael <hr/> 6 Contributor address; City; State; Zip Code Carlsbad, CA 92009	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Bus Devolp-VP-Sr		9 Employer (See Instructions) Associa Northern California
Date 08/29/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Bus Devolp-VP-Sr		Employer (See Instructions) Associa Northern California
Date 09/12/2025	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.
Date 08/29/2025	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.
Date 09/19/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/143 Rpt: 101/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perea, Idella <hr/> 6 Contributor address; City; State; Zip Code Terrell, TX 75160	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) HR-VP		9 Employer (See Instructions) Corporate Headquarters
Date 09/12/2025	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 08/29/2025	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 09/19/2025	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 (\$) \$17.00
Principal occupation / Job title (See Instructions) General Mgr (III)		Employer (See Instructions) CMC Virginia
Date 09/05/2025	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 (\$) \$17.00
Principal occupation / Job title (See Instructions) General Mgr (III)		Employer (See Instructions) CMC Virginia

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/143 Rpt: 102/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pesce, Michael <hr/> 6 Contributor address; City; State; Zip Code Chester, NJ 07930	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) CMC NJ
Date 08/29/2025	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 09/05/2025	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 09/19/2025	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 09/05/2025	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

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/12/2025	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 08/29/2025	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 09/19/2025	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 (II)		Employer (See Instructions) Associa Hill Country

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/143 Rpt: 104/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 (II)		9 Employer (See Instructions) Associa Hill Country
Date 09/12/2025	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 08/29/2025	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 09/19/2025	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 09/05/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/143 Rpt: 105/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reichart, John <hr/> 6 Contributor address; City; State; Zip Code Morris Plains, NJ 07950	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Ops-VP (Regional)		9 Employer (See Instructions) CMC NJ
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reichart, John <hr/> Contributor address; City; State; Zip Code Morris Plains, NJ 07950	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) CMC NJ
Date 09/12/2025	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
Date 08/29/2025	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
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoades, Kendra <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Acctng-Dir (CSSC)		Employer (See Instructions) CSSC

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoades, Kendra <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Acctng-Dir (CSSC)		9 Employer (See Instructions) CSSC
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Benjamin <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28226	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Benjamin <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28226	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) CAMS
Date 09/19/2025	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 09/05/2025	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

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/19/2025	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) COO		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	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) COO		Employer (See Instructions) Corporate Headquarters
Date 09/12/2025	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

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	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 09/19/2025	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 09/12/2025	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 09/05/2025	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 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/143 Rpt: 109/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Samuel <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) General Mgr (I)		9 Employer (See Instructions) Desert Resort Management
Date 08/29/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Yvonne <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Admin-Office-Mgr		Employer (See Instructions) Principal Mgmt Group Houston
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Yvonne <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Admin-Office-Mgr		Employer (See Instructions) Principal Mgmt Group Houston
Date 09/12/2025	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

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	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 09/12/2025	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-VP		Employer (See Instructions) Community Solutions Property
Date 08/29/2025	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-VP		Employer (See Instructions) Community Solutions Property
Date 09/12/2025	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
Date 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/143 Rpt: 111/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Christine <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60609	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Admin-Asst		9 Employer (See Instructions) Associa Chicagoland
Date 08/29/2025	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 09/12/2025	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 08/29/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Kristen <hr/> Contributor address; City; State; Zip Code Royse City, TX 75189	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) PMG North Texas

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/143 Rpt: 112/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Kristen <hr/> 6 Contributor address; City; State; Zip Code Royse City, TX 75189	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-VP (Branch)		9 Employer (See Instructions) PMG North Texas
Date 09/19/2025	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 09/05/2025	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 09/12/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Northern California
Date 08/29/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Northern California

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/143 Rpt: 113/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHAEFFER, DAMIAN <hr/> 6 Contributor address; City; State; Zip Code BONITA SPRINGS, FL 34135	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		9 Employer (See Instructions) Sandcastle Management LLC
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHAEFFER, DAMIAN <hr/> Contributor address; City; State; Zip Code BONITA SPRINGS, FL 34135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Sandcastle Management LLC
Date 09/12/2025	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 08/29/2025	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 09/19/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/143 Rpt: 114/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Karen <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77084	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Client Acctng-Spec		9 Employer (See Instructions) Principal Mgmt Group Houston
Date 09/12/2025	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-Dir (Branch)		Employer (See Instructions) Mid Atlantic Management Corp
Date 08/29/2025	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-Dir (Branch)		Employer (See Instructions) Mid Atlantic Management Corp
Date 09/19/2025	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 09/05/2025	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: 112/143 Rpt: 115/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlapkohl, Tyler <hr/> 6 Contributor address; City; State; Zip Code Farmer Branch, TX 75234	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Ins-Sales Exec-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	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 09/19/2025	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 (\$) \$16.00
Principal occupation / Job title (See Instructions) Marketing-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	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 (\$) \$16.00
Principal occupation / Job title (See Instructions) Marketing-VP-Sr		Employer (See Instructions) Corporate Headquarters
Date 09/19/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/143 Rpt: 116/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Petra <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Petra <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Choice NY Property Management
Date 09/12/2025	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 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/143 Rpt: 117/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Severance, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Maricopa, AZ 85138	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) HR-VP (Regional)		9 Employer (See Instructions) Associa Arizona
Date 08/29/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafranski, Nicholas <hr/> Contributor address; City; State; Zip Code Eden Prairie, MN 55344	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Minnesota
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafranski, Nicholas <hr/> Contributor address; City; State; Zip Code Eden Prairie, MN 55344	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Minnesota
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Aakash <hr/> Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Collections-Spec		Employer (See Instructions) CSSC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/143 Rpt: 118/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Aakash <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78753	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Collections-Spec		9 Employer (See Instructions) CSSC
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapard, Cass <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Community Manager		Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapard, Cass <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Community Manager		Employer (See Instructions) CAMS
Date 09/19/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) H.R.W. INC.
Date 09/05/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) H.R.W. INC.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/143 Rpt: 119/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	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 08/29/2025	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
Date 09/19/2025	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 (\$) \$23.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Principal Mgmt Group Houston
Date 09/05/2025	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 (\$) \$23.00
Principal occupation / Job title (See Instructions) Bus Devolp-Mgr		Employer (See Instructions) Principal Mgmt Group Houston
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sloan, Sarai <hr/> Contributor address; City; State; Zip Code Bacliff, TX 77518	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Admin-Office-Mgr		Employer (See Instructions) Houston Community Mgmt Service

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/143 Rpt: 120/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sloan, Sarai <hr/> 6 Contributor address; City; State; Zip Code Bacliff, TX 77518	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Admin-Office-Mgr		9 Employer (See Instructions) Houston Community Mgmt Service
Date 09/12/2025	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 08/29/2025	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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Vanessa <hr/> Contributor address; City; State; Zip Code Indio, CA 92203	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Desert Resort Management
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Vanessa <hr/> Contributor address; City; State; Zip Code Indio, CA 92203	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Community-VP (Branch)		Employer (See Instructions) Desert Resort Management

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/143 Rpt: 121/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spradley, Heather <hr/> 6 Contributor address; City; State; Zip Code Land O Lakes, FL 34639	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (III)		9 Employer (See Instructions) Associa Gulf Coast Inc
Date 08/29/2025	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 09/19/2025	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) Community-VP (Branch)		Employer (See Instructions) Community Group Inc
Date 09/05/2025	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) Community-VP (Branch)		Employer (See Instructions) Community Group Inc
Date 09/19/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/143 Rpt: 122/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stonestreet, Maura <hr/> Contributor address; City; State; Zip Code Wrightsville Beach, NC 28480	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Contract Manager		Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stonestreet, Maura <hr/> Contributor address; City; State; Zip Code Wrightsville Beach, NC 28480	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Contract Manager		Employer (See Instructions) CAMS
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoutamire, Danielle <hr/> Contributor address; City; State; Zip Code Dawsonville, GA 30534	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Homeside Properties
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoutamire, Danielle <hr/> Contributor address; City; State; Zip Code Dawsonville, GA 30534	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Homeside Properties

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/143 Rpt: 123/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/19/2025	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 09/05/2025	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 09/19/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/143 Rpt: 124/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 09/12/2025	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 08/29/2025	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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sussewell, Thomas <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11230	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Choice NY Property Management
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sussewell, Thomas <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11230	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Choice NY Property Management

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/143 Rpt: 125/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swain, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Monroe, GA 30656	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) VP of Property Management		9 Employer (See Instructions) Heritage Property Management Services LLC
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swain, Rebecca <hr/> Contributor address; City; State; Zip Code Monroe, GA 30656	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP of Property Management		Employer (See Instructions) Heritage Property Management Services LLC
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Andrea <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Legal-VP		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Andrea <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Legal-VP		Employer (See Instructions) Corporate Headquarters
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sykora, Ginny <hr/> Contributor address; City; State; Zip Code New Hope, MN 55428	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Minnesota

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/143 Rpt: 126/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sykora, Ginny <hr/> 6 Contributor address; City; State; Zip Code New Hope, MN 55428	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Associa Minnesota
Date 09/12/2025	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 08/29/2025	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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TWYMAN, NATIA <hr/> Contributor address; City; State; Zip Code GAITHERSBURG, MD 20877	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Community Association Services
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TWYMAN, NATIA <hr/> Contributor address; City; State; Zip Code GAITHERSBURG, MD 20877	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Community Association Services

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/143 Rpt: 127/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/19/2025	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 09/05/2025	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 09/19/2025	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/143 Rpt: 128/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 09/12/2025	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 08/29/2025	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 09/19/2025	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 09/05/2025	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: 126/143 Rpt: 129/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tellez, Cheyenna <hr/> 6 Contributor address; City; State; Zip Code Fate, TX 75189	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Ops-Dir		9 Employer (See Instructions) PMG North Texas
Date 09/05/2025	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) Ops-Dir		Employer (See Instructions) PMG North Texas
Date 09/19/2025	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 09/05/2025	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 09/12/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Acctng-Spec (I)		Employer (See Instructions) CSSC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/143 Rpt: 130/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Carol <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Acctng-Spec (I)		9 Employer (See Instructions) CSSC
Date 09/12/2025	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 (\$) \$80.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) CMC NJ
Date 08/29/2025	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 (\$) \$80.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) CMC NJ
Date 09/19/2025	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 09/05/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/143 Rpt: 131/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	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 09/05/2025	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 09/12/2025	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 08/29/2025	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 09/12/2025	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

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	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 09/19/2025	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 09/05/2025	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 09/12/2025	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
Date 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/143 Rpt: 133/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbina, Claudia <hr/> 6 Contributor address; City; State; Zip Code Brunswick, MD 21716	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Comsource Management Inc
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbina, Claudia <hr/> Contributor address; City; State; Zip Code Brunswick, MD 21716	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Comsource Management Inc
Date 09/19/2025	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 09/05/2025	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 09/19/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/143 Rpt: 134/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	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 09/12/2025	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 08/29/2025	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 09/19/2025	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) Acctng-Mgr (Branch)		Employer (See Instructions) Community Group Inc
Date 09/05/2025	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) Acctng-Mgr (Branch)		Employer (See Instructions) Community Group Inc

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Rinu <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77498	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) IT-Adminstr-VP		9 Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Rinu <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) IT-Adminstr-VP		Employer (See Instructions) Corporate Headquarters
Date 09/19/2025	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) Real Estate-VP		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	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) Real Estate-VP		Employer (See Instructions) Corporate Headquarters
Date 09/12/2025	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) Trainer		Employer (See Instructions) Homeside Properties

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/143 Rpt: 136/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veinot, Rachel <hr/> 6 Contributor address; City; State; Zip Code Woodstock, GA 30188	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Trainer		9 Employer (See Instructions) Homeside Properties
Date 09/12/2025	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 08/29/2025	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 09/12/2025	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
Date 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/143 Rpt: 137/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, KIMBERLY <hr/> 6 Contributor address; City; State; Zip Code ANNANDALE, VA 22003	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) General Mgr (I)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, KIMBERLY <hr/> Contributor address; City; State; Zip Code ANNANDALE, VA 22003	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Cathy <hr/> Contributor address; City; State; Zip Code Hillsville, VA 24343	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Cathy <hr/> Contributor address; City; State; Zip Code Hillsville, VA 24343	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) CAMS
Date 09/12/2025	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

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2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	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 09/19/2025	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 09/05/2025	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 09/12/2025	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) Bus-Analyst		Employer (See Instructions) CSSC
Date 08/29/2025	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) Bus-Analyst		Employer (See Instructions) CSSC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/143 Rpt: 139/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waitt, Debra <hr/> 6 Contributor address; City; State; Zip Code Derry, NH 03038	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Admin-Asst		9 Employer (See Instructions) Evergreen Harvard Group LLC
Date 08/29/2025	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 (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Admin-Asst		Employer (See Instructions) Evergreen Harvard Group LLC
Date 09/19/2025	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 (\$) <div style="text-align: right;">\$2.00</div>
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) Cities Management Inc
Date 09/05/2025	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 (\$) <div style="text-align: right;">\$2.00</div>
Principal occupation / Job title (See Instructions) Ops-Mgr		Employer (See Instructions) Cities Management Inc
Date 09/19/2025	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 (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Real Estate-VP-Sr		Employer (See Instructions) Corporate Headquarters

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/143 Rpt: 140/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Clint <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Real Estate-VP-Sr		9 Employer (See Instructions) Corporate Headquarters
Date 09/12/2025	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 08/29/2025	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 09/12/2025	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
Date 08/29/2025	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/143 Rpt: 141/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Daryl <hr/> 6 Contributor address; City; State; Zip Code Glenn Heights, TX 75154	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Bus-Analyst		9 Employer (See Instructions) CSSC
Date 08/29/2025	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 09/12/2025	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 08/29/2025	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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiger, Vikki <hr/> Contributor address; City; State; Zip Code Canton, GA 30115	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Community-Mgr (II)		Employer (See Instructions) Homeside Properties

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/143 Rpt: 142/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiger, Vikki <hr/> 6 Contributor address; City; State; Zip Code Canton, GA 30115	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (II)		9 Employer (See Instructions) Homeside Properties
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Kevin <hr/> Contributor address; City; State; Zip Code Sewell, NJ 08080	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) MAMCO - Mid Atlantic
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Kevin <hr/> Contributor address; City; State; Zip Code Sewell, NJ 08080	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Client Acctng-Spec		Employer (See Instructions) MAMCO - Mid Atlantic
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, James <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		Employer (See Instructions) Corporate Headquarters
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, James <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Ops-VP (Regional)		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: 140/143 Rpt: 143/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, John <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22206	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) General Mgr (III)		9 Employer (See Instructions) Legum & Norman Realty Inc.
Date 08/29/2025	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) General Mgr (III)		Employer (See Instructions) Legum & Norman Realty Inc.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Nealie <hr/> Contributor address; City; State; Zip Code Hampstead, NC 28443	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Nealie <hr/> Contributor address; City; State; Zip Code Hampstead, NC 28443	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions) CAMS
Date 09/12/2025	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: 141/143 Rpt: 144/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson-Ellis, Denise <hr/> 6 Contributor address; City; State; Zip Code South Elgin, IL 60177	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Community-VP (Branch)		9 Employer (See Instructions) Associa Chicagoland
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiltshire, Heather <hr/> Contributor address; City; State; Zip Code Prescott Valley, AZ 86315	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) N N Jaeschke Inc
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiltshire, Heather <hr/> Contributor address; City; State; Zip Code Prescott Valley, AZ 86315	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ops-VP (Branch)		Employer (See Instructions) N N Jaeschke Inc
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wissler, Amy <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) General Mgr (I)		Employer (See Instructions) Somerset Association Managemen
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wissler, Amy <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$10.00
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: 142/143 Rpt: 145/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Laura <hr/> 6 Contributor address; City; State; Zip Code Colorado Springs, CO 80908	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Community-Mgr (I)		9 Employer (See Instructions) Associa Colorado
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Laura <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80908	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Community-Mgr (I)		Employer (See Instructions) Associa Colorado
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wunsch, Alan <hr/> Contributor address; City; State; Zip Code Danbury, CT 06810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) REI Property and Asset Mgmt
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wunsch, Alan <hr/> Contributor address; City; State; Zip Code Danbury, CT 06810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Community-Pres (Branch)		Employer (See Instructions) REI Property and Asset Mgmt
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasonia-Murphy, Nicholas <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11228	Amount of Contribution (\$) \$20.00
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: 143/143 Rpt: 146/149
2 FILER NAME Associations, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasonia-Murphy, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11228	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Property Manager		9 Employer (See Instructions) Choice NY Property Management
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yopp, Walter <hr/> Contributor address; City; State; Zip Code Asheville, NC 28803	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) CAMS
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yopp, Walter <hr/> Contributor address; City; State; Zip Code Asheville, NC 28803	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) CAMS

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: 147/149	2 FILER NAME Associations, Inc. PAC	3 Filer ID (Ethics Commission Filers) 00067908
4 Date 09/08/2025	5 Payee name Angie Chen Button Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 832748 Richardson, TX 75083	
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 Political Contribution to Angie Chen Button Campaign.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

TEXT ANNOTATION

Sch: 1/2 Rpt: 148/149

FILER NAME
Associations, Inc. PAC

Filer ID (Ethics Commission Filers)
00067908

Schedule
F1

Information entered by filer as a memo:
\$33,750 in non-Texas political expenditures.

TEXT ANNOTATION

Sch: 2/2 Rpt: 149/149

FILER NAME
Associations, Inc. PAC

Filer ID (Ethics Commission Filers)
00067908

Schedule
K

Information entered by filer as a memo:
\$5,000 in non-Texas political contributions voided and returned to filer.