REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) 120696 P 236
C00267849
WILLIAM L SLIKKERVEER
ALLIED PILOTS ASSOCIATION POLI
TICAL ACTION COMMITTEE (AKA) A
PO BOX 5524
ARLINGTON TX 76005

SECRETARY
FEDERAL ELECTION
COMMISSION
MAIL ROOM
FEB 5 12 23 PM '97

2. FEC IDENTIFICATION NUMBER
C00267849

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/26/96 through 12/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 126,608.12
(b) Cash on Hand at Beginning of Reporting Period	$ 103,036.40	
(c) Total Receipts (from Line 19)	$ 10,677.17	$ 99,215.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 113,713.57	$ 225,823.83
7. Total Disbursements (from Line 30)	$ .00	$ 112,110.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 113,713.57	$ 113,713.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ .00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ .00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
WILLIAM L. SLIKKERVEER

Signature of Treasurer
W. Slikkerveer

Date 1/27/97

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

FEC FORM 3X
(revised 9/93)

FEEANI35

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 11-26-96 TO: 12-31-96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:	1,100.00	13,640.00	
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)	7,171.00	79,406.61	11(a)(ii)
ii. Unitemized	8,271.00	93,046.61	11(a)(iii)
iii. Total (add i and ii) ➤			11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)	8,271.00	93,046.61	11(d)
d. Total Contributions (add a iii, b and c) ➤			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	2,406.17	6,169.10	17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	10,677.17	99,215.71	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,677.17	99,215.71	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees	.00	112,100.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤			29
29. Other Disbursements	.00	10.26	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	.00	112,110.26	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	.00	112,110.26	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,271.00	93,046.61	32
33. Total Contribution Refunds (from line 28d)	.00	.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,271.00	93,046.61	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	.00	.00	35
36. Offsets to Operating Expenditures (from line 15)	.00	.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE8ANH36

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Allied Pilots Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STONER, MARVIN 6205 WATERVIEW DR/ ARLINGTON, TX 76016-2349	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00		(25 Per Month)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FULLERTON, ROBERT 11 STONEDAM ISLAND RD/ MEREDITH, NH 03253-6820	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00		(25 Per Month)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EHRLICH, JOHN 140 CHESTNUT DR/ MAYNE, NJ 07470-5603	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00		(25 Per Month)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARNDT, RICHARD PO BOX 313/ CLINTON, CT 06413-0313	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00		(25 Per Month)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DRUMMOND, DAVID 1 CRANE CT/ MONMALAPAN, NJ 07726-3626	American Airlines, Inc	Payroll Deduction	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 900.00		(75 Per Month)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OSTRONIK, R.C. 101425 Overseas Hwy/Suite 822 Key Largo, FL 33037	American Airlines, Inc	Payroll Deduction	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 240.00		(20 Per Month)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas, John 179 Harbourside Cir/ Jupiter, FL 33477-8348	American Airlines, Inc	Payroll Deduction	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 220.00		(20 Per Month)

SUBTOTAL of Receipts This Page (optional) ..... >

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

FE4ANI01

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

Allied Pilots Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JONES,DONALD 4800 Silent Ridge Ct East/ FORT Worth, TX 76132-2605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 370.00	Payroll Deduction	30.00 (30 Per Month)
JONES,NORM 13410 PRESTON RD/#1-365 DALLAS, TX 75240 5210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 300.00	Payroll Deduction	25.00 (25 Per Month)
TOBIN,RICHARD 2650 Buttermilk Ln/ Arcata, CA 95521 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 240.00	Payroll Deduction	20.00 (20 Per Month)
RICHARDSON,JOHN 912 MANN AVE/ MC LEAN, VA 22101-1538 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 300.00	Payroll Deduction	25.00 (25 Per Month)
ZABLETTEN,ANDREW 3806 HAMPTON RD/ DENTON, TX 76207-3230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 300.00	Payroll Deduction	25.00 (25 Per Month)
GRUNSELMAN,HAROLD 22 BLOOMER DR/ BURLINGTON, NJ 08016-3689 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 1,200.00	Payroll Deduction	100.00 (100 Per Month)
PARKER,BUCKLOW 2341 N STAGE COACH LN/ FALLBROOK, CA 92028-9743 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $ [illegible]	Payroll Deduction	∅ (35 Per Month)

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NAME OF COMMITTEE (In Full)

Allied Pilots Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Boelling, Thomas 1604 HUNTINGDON CHASE/ DUNWOODY, GA 30350-4954	American Airlines, Inc	Payroll Deduction	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 240.00		(20 Per Month)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALDERSON, STEPHEN PO BOX 401/ LITCHFIELD, IL 62056-0401	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00		(25 Per Month)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aldrich, David 221 CHASSE CIR/ SAINT CHARLES, IL 60174-5723	American Airlines, Inc	Payroll Deduction	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 240.00		(20 Per Month)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TARPENNING, CORY 31224 SONA CIR/ TEMECULA, CA 92592-5701	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00		(25 Per Month)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MCCHARLSEN, KENT 38 SAWYER RD/ HAMPSTEAD, NH 03841-3130	American Airlines, Inc	Payroll Deduction	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 240.00		(20 Per Month)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MCCLELLAND, DOUGLAS 547 CAMBRIAN WAY/ DANVILLE, CA 94526-6331	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00		(25 Per Month)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOWEN, MICHAEL 391 N HONESTEAD DR/ LANDISVILLE, PA 17538-1377	American Airlines, Inc	Payroll Deduction	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 600.00		(50 Per Month)

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

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FE4ANI01

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NAME OF COMMITTEE (In Full)

Allied Pilots Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Perry, James 12166 NW 9TH PL/ CORAL SPRINGS, FL 33071-5011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines, Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 240.00	Payroll Deduction	20.00 (20 Per Month)
B. Full Name, Mailing Address and ZIP Code GORE, WILLIAM 939 E WIMBLETON DR/ FRESNO, CA 93720-1355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines, Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 240.00	Payroll Deduction	20.00 (20 Per Month)
C. Full Name, Mailing Address and ZIP Code ROBERTS, ROBERT PO BOX 57/ ALPINE, TX 79831-0057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines, Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 210.00	Payroll Deduction	20.00 (20 Per Month)
D. Full Name, Mailing Address and ZIP Code SPENCER, MORRIS 4599 MOUNT GILEAD CHURCH RD/ SOPHIA, NC 27350-8835 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines, Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 240.00	Payroll Deduction	20.00 (20 Per Month)
E. Full Name, Mailing Address and ZIP Code CLAYTON, PHILIP RR 2 BOX 120/ LEXINGTON, VA 24450-9420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines, Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 240.00	Payroll Deduction	20.00 (20 Per Month)
F. Full Name, Mailing Address and ZIP Code Edwards, Joel N303N1760 MAPLE AVE/ PEWAUKEE, WI 53072-4708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines, Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 300.00	Payroll Deduction	25.00 (25 Per Month)
G. Full Name, Mailing Address and ZIP Code WOLSTAD, RALPH 100 DEL RIO CT/ IRVING, TX 75062-3919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines, Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 300.00	Payroll Deduction	Ø (20 Per Month)

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

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

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SCHEDULE A | **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

Allied Pilots Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Gigliano, Daniel 3533 PIKE RAVEN CIR/ BOCA RATON, FL 33431-5464	American Airlines, Inc	Payroll Deduction	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date $ 240.00		(20 Per Month)
B. Watkins, Jeffrey 27470 W CUBA RD/ BARRINGTON, IL 60010-2770	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date $ 300.00		(25 Per Month)
C. Patten, Edward 10025 ALTAMONT CIR/ FREDERICKSBURG, VA 22408 9535	American Airlines, Inc	Payroll Deduction	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date $ 210.00		(20 Per Month)
D. CUTTER, JOHN 191 BRIDGEPORT DR/ HALF MOON BAY, CA 94019-4236	American Airlines, Inc	Payroll Deduction	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date $ 600.00		(50 Per Month)
E. WELLER, GARY 1687 NICHERSON WAY/ ARNOLD, MD 21012-2567	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date $ 300.00		(25 Per Month)
F. Estes, Richard 545 GLEN CT/ AZLE, TX 76020-4941	American Airlines, Inc	Payroll Deduction	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date $ 240.00		(20 Per Month)
G. Igelsrud, Jon 330 THE OLD APT 308/ REDONDO BEACH, CA 90277-2621	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date $ 300.00		(25 Per Month)

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

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

FE4AN101

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

Allied Pilots Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROACH, STEVE 33 PRAIRIE FALCON DR/ NOVATO, CA 94949-6636	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00		(25 Per Month)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THIELBAR, HERBERT 48 DRAKES BAY DR/ CORONA DEL MAR, CA 92625-1008	American Airlines, Inc	Payroll Deduction	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 240.00		(20 Per Month)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SOLVERSTOTT, WILLIAM 421 GOLDENROD AVE # B/ CORONA DEL MAR, CA 92625-2915	American Airlines, Inc	Payroll Deduction	
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00		(300 Per Month)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HILL, JODY 2749 NE 23rd Ave/ Lighthouse Pt, FL 33064	American Airlines, Inc	Payroll Deduction	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 600.00		(50 Per Month)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REED, MARK 2925 CORAL SHORES DR/ FORT LAUDERDALE, FL 33306-1257	American Airlines, Inc	Payroll Deduction	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 240.00		(20 Per Month)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CONDIDINE, MARTIN 1295 WOOD ROW WAY/ WELLINGTON, FL 33414-8023	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00		(25 Per Month)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HUGULEY JR, ROBERT 409 BILL DR/ MANDEVILLE, LA 70448-5128	American Airlines, Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 330.00		(25 Per Month)

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	**$1,100.00**

FEMANI-01

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

NONE

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Federal Election Commission

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K G
PREPARER

2-5-97
DATE PREPARED

FEC FORM 70-2 (12/92)