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) C-00267849
William L. Slikkerveer -ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. BOX 5524

CITY, STATE and ZIP CODE
ARLINGTON, TX. 76005-5524

DEC 12 4 23 PM '94

2. FEC IDENTIFICATION NUMBER
C-00-26-78-49

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 NOV 8 1994 in the State of TEXAS

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period OCTOBER 20 1994 through NOVEMBER 28 1994		
6. (a) Cash on Hand January 1, 19 94		$ 55,614.10
(b) Cash on Hand at Beginning of Reporting Period	$ 91,272.77	
(c) Total Receipts (from Line 19)	$ 5,599.00	$ 64,304.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 96,871.77	$ 119,918.52
7. Total Disbursements (from Line 30)	$ 24,000.00	$ 47,046.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 72,871.77	$ 72,871.77
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

Date 12-08-94

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)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: ALLIED PILOTS ASSN. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 10-20-94 TO: 11-28-94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	1,145.00	11,848.00	
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized	4,454.00	50,766.10	11(a)(ii)
iii. Total (add i and ii) ➤	5,599.00	62,614.10	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	5,599.00	62,614.10	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	.00	1,690.32	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,599.00	64,304.42	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,599.00	64,304.42	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	24,000.00	47,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	24,000.00	47,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	24,000.00	47,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,599.00	64,304.42	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,599.00	64,304.42	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

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4-00123

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ERNIE ANDERSON	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-25-94	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KAY BAILEY HUTCHISON	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-31-94	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EDWARD KENNEDY (CHECK RETURNED UNPAID AND VOIDED)	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-31-94	[illegible].00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSMAN NORMAN MINETA	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-31-94	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSMAN JACK BROOKS	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-31-94	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NEWT GINGRICH	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DICK ARMEY	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSMAN RICHARD DURBIN	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-31-94	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SENATOR TED STEVENS	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00

SUBTOTAL of Disbursements This Page (optional) 12,000.00

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

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4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 3
	FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. SENATOR JOHN MC CAIN	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
B. SENATOR ROBERT DOLE	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
C. CONGRESSMAN CARLOS MOORHEAD	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
D. CONGRESSMAN JIM MCCRERY	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
E. CONGRESSMAN BILL THOMAS	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
F. CONGRESSMAN BILL ARCHER	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
G. CONGRESSMAN ROBERT WALKER	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
H. CONGRESSMAN TOM DE LAY	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
I. CONGRESSMAN FRANK WOLF	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00

SUBTOTAL of Disbursements This Page (optional)	9,000.00
TOTAL This Period (last page this line number only)	

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4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSMAN TOM PETRI	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSMAN BILL CLINGER	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSMAN SHERWOOD BOEHLERT	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11-7-94	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) 24,000.00

4-30173

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 B 1

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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. STONER,MARVIN 6205 WATERVIEW DR/ ARLINGTON, TX 76016-2049 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $ 275.00	Payroll Deduction	25.00 (25 Per Month)
B. FULLERTON,ROBERT 11 STONEDAM ISLAND RD/ MEREDITH, NH 03253-6820 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $ 275.00	Payroll Deduction	25.00 (25 Per Month)
C. EHRLICH,JOHN 140 CHESTNUT DR/ WAYNE, NJ 07470-5602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $ 275.00	Payroll Deduction	25.00 (25 Per Month)
D. MILLER,DONALD 7127 KATE DR/ HUDSON, OH 44236-4233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $ 220.00	Payroll Deduction	20.00 (20 Per Month)
E. ARNOT,RICHARD 50 CANTERBURY LN/ WILTON, CT 06897-4104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $ 275.00	Payroll Deduction	25.00 (25 Per Month)
F. DRUMMOND,DAVID 1 CRANE CT/ MANALAPAN, NJ 07726-3626 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $ 825.00	Payroll Deduction	75.00 (75 Per Month)
G. OSTROWIK,K.C. PO BOX 996473/ MIAMI, FL 33299-6473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $ 200.00	Payroll Deduction	20.00 (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**

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

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NAME OF COMMITTEE (in Full)

Allied Pilots Assocation 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. JONES,NORM 24631 ALICIA PARKWAY/UNIT C-318 LAGUNA HILLS, CA 92653 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date > $ 275.00	Payroll Deduction	25.00 (25 Per Month)
B. TOBIN,RICHARD 2330 MATHER RD/ MC KINLEYVILLE, CA 95521-9463 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date > $ 220.00	Payroll Deduction	20.00 (20 Per Month)
C. RICHARDSON,JOHN 912 WHANN AVE/ MCLEAN, VA 22101-1538 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date > $ 275.00	Payroll Deduction	25.00 (25 Per Month)
D. ARSLETTEN,ANDREW 3806 Hampton Road/ DENTON, TX 76201-3250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date > $ 275.00	Payroll Deduction	25.00 (25 Per Month)
E. SIMMONDS,DONALD PO BOX 282/ BONSALL, CA 92003-0282 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date > $ 220.00	Payroll Deduction	20.00 (20 Per Month)
F. HENSON,HOWARD 400 FLINTRIDGE CT/ IRVING, TX 75038-4834 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date > $ 275.00	Payroll Deduction	25.00 (25 Per Month)
G. GRUNDELAND,HAROLD 22 BLOOMER DR/ BURLINGTON, NJ 08016-3689 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date > $ 1,100.00	Payroll Deduction	100.00 (100 Per Month)

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

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

FE4AN101

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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 Assocation 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. PARKER,BIGELOW 2341 N STAGE COACH LN/ FALLBROOK, CA 92028-9743 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 275.00	25.00 (25 Per Month)
B. SNELLING,THOMAS 1604 HUNTINGDON CHASE/ DUNWOODY, GA 30350-4931 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 220.00	20.00 (20 Per Month)
C. ALDERSON,STEPHEN PO BOX 401/ LITCHFIELD, IL 62056-0401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 275.00	25.00 (25 Per Month)
D. ALDRICH,DAVID 221 CHASSE CIR/ SAINT CHARLES, IL 60174-5723 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 220.00	20.00 (20 Per Month)
E. TARPENNING,CORY 31224 EONA CIR/ TEMECULA, CA 92592-5701 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 250.00	25.00 (25 Per Month)
F. MICHAELSEN,KENT 38 SAWYER RD/ HAMPSTEAD, NH 03841-2130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 220.00	20.00 (20 Per Month)
G. MCCLELLAND,DOUGLAS 547 CAMBRIAN WAY/ DANVILLE, CA 94526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 275.00	25.00 (25 Per Month)

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

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

FE4AN10

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a i

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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
BOWEN,MICHAEL 541 N HOMESTEAD 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 $ 550.00		(50 Per Month)
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GOME,WILLIAM 938 E. WIMBLEDON DR./ FRESNO, CA 93720-1355	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)
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
SPENCER,MORRIS 4599 MOUNT GILEAD CHURCH RD/ SOPHIA, NC 27350-8835	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)
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CLAYTON,PHILIP RT 2 BOX 120/ LEXINGTON, VA 24450	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)
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
EDWARDS,JOEL 875 LAKEVIEW DR/#202 BROOKFIELD, WI 53045-5665	American Airlines,Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date $ 275.00		(25 Per Month)
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GROSS,ROBERT 2720 NE 48TH CT/ LIGHTHOUSE POINT, FL 33064	American Airlines,Inc	Payroll Deduction	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date $ 550.00		(50 Per Month)
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
KOLSTAD,RALPH 100 DEL RIO COURT/ IRVING, TX 75062-3919	American Airlines,Inc	Payroll Deduction	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date $ 275.00		(25 Per Month)

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

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

FE4ANI01

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 6

FOR LINE NUMBER 11 a i

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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. SICILIANO,DANIEL 2660 NE 48TH ST/ LIGHTHOUSE POINT, FL 33064-7112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 220.00	20.00 (20 Per Month)
B. WATKINS,JEFFREY 720 BRADWELL RD/ BARRINGTON, IL 60010-5601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 275.00	25.00 (25 Per Month)
C. HALL,Daniel 727 Appleridge Drive/ ENCINITAS, CA 92024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 220.00	20.00 (20 Per Month)
D. CUTTER,JOHN 191 BRIDGEPORT DR/ HALF MOON BAY, CA 94019-4236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 550.00	50.00 (50 Per Month)
E. WELLER,GARY 1687 NICKERSON WAY/ ARNOLD, MD 21012-2567 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 275.00	25.00 (25 Per Month)
F. SCHLEGEL,DUANE 1122 B NORTH TAYLOR ST./ ARLINGTON, VA 22201-4788 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 220.00	20.00 (20 Per Month)
G. ESTES,RICHARD 401 ISLAND CIRCLE/ AZLE, TX 76020-4908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $	Payroll Deduction 220.00	20.00 (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**

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

PAGE 6 OF 6

FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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. IGELSEUD,JON 2500 NE 32ND AVE/ FORT LAUDERDALE, FL 33305-1863	American Airlines,Inc Airline Pilot	Payroll Deduction	25.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 275.00		
B. HILL,JODY 3155 SUMATRA PL/ COSTA MESA, CA 92626-2336	American Airlines,Inc Airline Pilot	Payroll Deduction	50.00 (50 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 550.00		
C. KRKUC,MICHAEL 1429 SW 74TH AVE/ NORTH LAUDERDALE, FL 33068-3610	American Airlines,Inc Airline Pilot	Payroll Deduction	20.00 (20 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 220.00		
D. REED,MARK 2925 CORAL SHORES DR/ FORT LAUDERDALE, FL 33306-1257	American Airlines,Inc Airline Pilot	Payroll Deduction	20.00 (20 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 220.00		
E. CONSIDINE,MARTIN 1295 WOOD ROW WAY/ WELLINGTON, FL 33414-9023	American Airlines,Inc Airline Pilot	Payroll Deduction	25.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 275.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >

TOTAL This Period (last page this line number only) > $ 1,145.00

FEAN101

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 12-8-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

12-12-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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