

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2017 JUL 19 PM 12:40

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

A s s o c i a t i o n o f P r o f e s s i o n a l F l i g h t

A t t e n d a n t s P A C

ADDRESS (number and street) 1 0 0 4 W E u l e s s B l v d

Check if different than previously reported. (ACC)

E u l e s s

T X 7 6 0 4 0

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 2 4 6 4 2 1

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M / D D / Y Y Y Y Y Y 0 1 / 0 1 / 2 0 1 7 through M M / D D / Y Y Y Y Y Y 0 6 / 3 0 / 2 0 1 7

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 Eugenio Vargas

Signature of Treasurer *Eugenio Vargas*

Date M M / D D / Y Y Y Y Y Y 0 7 / 1 4 / 2 0 1 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1 2 5 0 0 0 0	1 2 5 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements (Including Non-Federal Donations).....	1 0 0 0 0 0 0	1 0 0 0 0 0 0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1 3 5 0 0 0 0	1 3 5 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 3 5 0 0 0 0	1 3 5 0 0 0 0

11-11-2016 10:00:00 AM

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1 6 0 6 5 6 9	1 6 0 6 5 6 9
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1 6 0 6 5 6 9	1 6 0 6 5 6 9
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 3Cb

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)

Association of Professional Flight Attendants PAC

A. LoBiondo for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 550 City Vineland State NJ Zip Code 08362			Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Purpose of Disbursement Contribution - CHECK LOST/VOID Candidate Name Frank LoBiondo		FEC Identification Number C 00246421 Amount of Each Disbursement this Period - 1 0 0 0 0 0 <input type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2nd	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Pete Sessions for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 823047 City Dallas State TX Zip Code 75382			Date of Disbursement MM / DD / YYYY 01 / 26 / 2017
Purpose of Disbursement Contribution Candidate Name Pete Sessions		FEC Identification Number C 00246421 Amount of Each Disbursement this Period 1 0 0 0 0 0 <input type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32nd	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. LoBiondo for Congress Full Name (Last, First, Middle Initial) Mailing Address 1707 Prince Street #5 City Alexandria State VA Zip Code 22314			Date of Disbursement MM / DD / YYYY 01 / 26 / 2017
Purpose of Disbursement Contribution Candidate Name Frank LoBiondo		FEC Identification Number C 00246421 Amount of Each Disbursement this Period 1 0 0 0 0 0 <input type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2nd	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....	1 0 0 0 0 0
TOTAL This Period (last page this line number only).....	1 0 0 0 0 0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Association of Professional Flight Attendants PAC

Full Name (Last, First, Middle Initial)

A.

Friends of Cheri Bustos

Mailing Address
1050 17th St NW, Suite 590

City: Washington State: DC Zip Code: 20036

Purpose of Disbursement: **Contribution** (Category/Type: 0 1 1)

Candidate Name: **Cheri Bustos**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: IL District: 17th

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2017

FEC Identification Number

C 0 0 2 4 6 4 2 1

Amount of Each Disbursement this Period

1 0 0 0 0 0

Memo Item

Full Name (Last, First, Middle Initial)

B.

Capuano for Congress

Mailing Address
110 First Street

City: Cambridge State: MA Zip Code: 02141

Purpose of Disbursement: **Contribution** (Category/Type: 0 1 1)

Candidate Name: **Mike Capuano**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: MA District: 7th

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2017

FEC Identification Number

C 0 0 2 4 6 4 2 1

Amount of Each Disbursement this Period

1 0 0 0 0 0

Memo Item

Full Name (Last, First, Middle Initial)

C.

Bill Nelson for US Senate

Mailing Address
972 W. Whitmire Drive

City: Melbourne State: FL Zip Code: 32935

Purpose of Disbursement: **Contribution** (Category/Type: 0 1 1)

Candidate Name: **Bill Nelson**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2017

FEC Identification Number

C 0 0 2 4 6 4 2 1

Amount of Each Disbursement this Period

1 0 0 0 0 0

Memo Item

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

3 0 0 0 0 0

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

2017-03-10 10:00:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 3Cb

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NAME OF COMMITTEE (In Full)

Association of Professional Flight Attendants PAC

A. Full Name (Last, First, Middle Initial) Joe Kennedy for Congress		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 434 Cannon House Office Building		FEC Identification Number C 00246421	
City Washington	State DC	Zip Code 20515	Amount of Each Disbursement this Period 50000
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>
Candidate Name Joseph Kennedy III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: 4th		

B. Full Name (Last, First, Middle Initial) DeFazio for Congress		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 3701 Porter St. NW		FEC Identification Number C 00246421	
City Washington	State DC	Zip Code 20016	Amount of Each Disbursement this Period 10000
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>
Candidate Name Peter DeFazio		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District: 4th		

C. Full Name (Last, First, Middle Initial) Re-Elect McGovern Committee		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 24 Church Street, Room 29		FEC Identification Number C 00246421	
City Leominster	State MA	Zip Code 01453	Amount of Each Disbursement this Period 50000
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>
Candidate Name Jim McGovern		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: 2nd		

SUBTOTAL of Disbursements This Page (optional).....	20000
TOTAL This Period (last page this line number only).....	0

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 4 OF 6
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
Association of Professional Flight Attendants PAC

A. Full Name (Last, First, Middle Initial)
Clay Jr For Congress

Mailing Address
718 7th Street, NW

City: Washington State: DC Zip Code: 20013-5214

Purpose of Disbursement: Contribution (Category/Type: 0 1 1)

Candidate Name: Lacy Clay

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: MO District: 1st

Date of Disbursement: 03 / 13 / 2017

FEC Identification Number: C 0 0 2 4 6 4 2 1

Amount of Each Disbursement this Period: 5 0 0 0 0

Memo Item

B. Full Name (Last, First, Middle Initial)
Cohen for Congress

Mailing Address
228 2nd Street, SE

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: Contribution (Category/Type: 0 1 1)

Candidate Name: Steve Cohen

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: TN District: 9th

Date of Disbursement: 03 / 13 / 2017

FEC Identification Number: C 0 0 2 4 6 4 2 1

Amount of Each Disbursement this Period: 1 0 0 0 0 0

Memo Item

C. Full Name (Last, First, Middle Initial)
Citizens to Elect Rick Larsen

Mailing Address
P.O. Box 636

City: Annandale State: VA Zip Code: 22003

Purpose of Disbursement: Contribution (Category/Type: 0 1 1)

Candidate Name: Rick Larsen

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: WA District: 2nd

Date of Disbursement: 03 / 13 / 2017

FEC Identification Number: C 0 0 2 4 6 4 2 1

Amount of Each Disbursement this Period: 1 0 0 0 0 0

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2 5 0 0 0 0

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 5 OF 6		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Association of Professional Flight Attendants PAC

Full Name (Last, First, Middle Initial) A. Bill Shuster for Congress			Date of Disbursement MM / DD / YYYY 04 / 26 / 2017		
Mailing Address 2079 Rayburn House Office Building			FEC Identification Number C 00246421		
City Washington	State DC	Zip Code 20515	Amount of Each Disbursement this Period 150000		
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Bill Shuster		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: PA District: 9th			

Full Name (Last, First, Middle Initial) B. Barragan for Congress			Date of Disbursement MM / DD / YYYY 04 / 26 / 2017		
Mailing Address P.O. Box 15096			FEC Identification Number C 00246421		
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 50000		
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Nanette Barragan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 44th			

Full Name (Last, First, Middle Initial) C. Nutmeg PAC			Date of Disbursement MM / DD / YYYY 05 / 12 / 2017		
Mailing Address 777 Summer Street, Suite 302			FEC Identification Number C 00246421		
City Stamford	State CT	Zip Code 06901-1022	Amount of Each Disbursement this Period 100000		
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Richard Blumenthal		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CT District:			

SUBTOTAL of Disbursements This Page (optional).....	300000
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Association of Professional Flight Attendants PAC

Full Name (Last, First, Middle Initial)

<p>A.</p> <p>DeFazio for Congress</p> <p>Mailing Address 219 Pennsylvania Ave SE, 3rd Floor</p> <p>City: Washington State: DC Zip Code: 20003</p> <p>Purpose of Disbursement: Contribution Category/Type: 0 1 1</p> <p>Candidate Name: Peter DeFazio</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OR District: 4th</p>			<p>Date of Disbursement: 06 / 29 / 2017</p> <p>FEC Identification Number: C 0 0 2 4 6 4 2 1</p> <p>Amount of Each Disbursement this Period: 1 0 0 0 0 0</p> <p><input type="checkbox"/> Memo Item</p>		
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<p>B.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>FEC Identification Number</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>		
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<p>C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>FEC Identification Number</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>		
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1 0 0 C 0 0
1 2 5 0 0 0 0

2017-08-01 10:01:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 1
<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c
<input type="checkbox"/> 26 <input checked="" type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
Association of Professional Flight Attendants PAC

A. Full Name (Last, First, Middle Initial) Center for American Progress Mailing Address 1333 H Street NW, 10th Floor City: Washington State: DC Zip Code: 20005 Purpose of Disbursement: Contribution Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ State: _____ District: _____	Date of Disbursement MM / DD / YYYY 05 / 12 / 2017 FEC Identification Number C 00246421 Amount of Each Disbursement this Period 00000100000 <input type="checkbox"/> Memo Item
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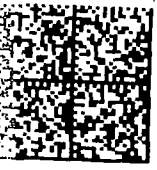
B. Full Name (Last, First, Middle Initial) Mailing Address City: _____ State: _____ Zip Code: _____ Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ State: _____ District: _____	Date of Disbursement MM / DD / YYYY _____ / _____ / _____ FEC Identification Number C _____ Amount of Each Disbursement this Period _____ <input type="checkbox"/> Memo Item
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C. Full Name (Last, First, Middle Initial) Mailing Address City: _____ State: _____ Zip Code: _____ Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ State: _____ District: _____	Date of Disbursement MM / DD / YYYY _____ / _____ / _____ FEC Identification Number C _____ Amount of Each Disbursement this Period _____ <input type="checkbox"/> Memo Item
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SUBTOTAL of Disbursements This Page (optional).....	_____ 1 0 0 0 0 0
TOTAL This Period (last page this line number only).....	_____ 1 0 0 0 0 0

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U.S. POSTAGE PITNEY BOWES
ZIP 76040 \$ 007.50⁰
02 4W
0000347781 JUL 14 2017



7015 1730 0001 8485 0905

ASSOCIATION OF PROFESSIONAL FLIGHT ATTENDANTS
1004 W. EULESS BLVD.
EULESS, TEXAS 76040



First Class Mail


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

RECEIVED
FEC MAIL CENTER
2017 JUL 19 PM 12:40

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

NON-CONFIDENTIAL

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/14/17
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER 
 (3/2015)

7/19/17
 DATE PREPARED