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)

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

RECEIVED FEDERAL ELECTION COMMISSION

Apr 19 12 04 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 _____ 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 01/01/94 through 03/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 55,614.10
(b) Cash on Hand at Beginning of Reporting Period	$ 55,614.10	
(c) Total Receipts (from Line 19)	$ 17,622.18	$ 17,622.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 73,236.28	$ 73,236.28
7. Total Disbursements (from Line 30)	$ 7,000.00	$ 7,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 66,236.28	$ 66,236.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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: Joseph O. Sellers, II

Signature of Treasurer: Joseph O. Sellers, II

Date: 4/15/94

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)

FE4AN101

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 1/01/94 TO 3/31/94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3,643.00	3,643.00	11(a)(i)
ii. Unitemized	13,634.00	13,634.00	11(a)(ii)
iii. Total (add i and ii) ➤	17,277.00	17,277.00	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) ➤	17,277.00	17,277.00	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.)	345.18	345.18	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	17,622.18	17,622.18	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	17,622.18	17,622.18	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	7,000.00	7,000.00	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) ➤	7,000.00	7,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	7,000.00	7,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	17,277.00	17,277.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	17,277.00	17,277.00	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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9 4 0 3 8 9 4 0 2 2 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 7

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. STOMER,MARVIN 6205 WATERVIEW DR/ ARLINGTON, TX 76016-2049 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 75.00	Payroll Deduction	75.00 (25 Per Month)
B. FULLERTON,ROBERT 11 STONEDAM ISLAND RD/ MEREDITH, NH 03253-6820 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 75.00	Payroll Deduction	75.00 (25 Per Month)
C. EHRLICH,JOHN 140 CHESTNUT DR/ WAYNE, NJ 07470-5602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 75.00	Payroll Deduction	75.00 (25 Per Month)
D. MILLER,DONALD 7127 KATE DR/ HUDSON, OH 44236-4233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 60.00	Payroll Deduction	60.00 (20 Per Month)
E. ARNDT,RICHARD 50 CANTERBURY LN/ WILTON, CT 06897-4104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 75.00	Payroll Deduction	75.00 (25 Per Month)
F. DRUMMOND,DAVID 1 CRANE CT/ MANALAPAN, NJ 07726-3626 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 225.00	Payroll Deduction	225.00 (75 Per Month)
G. OSTRONIK,K.C. PO BOX 996473/ MIAMI, FL 33299-6473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 60.00	Payroll Deduction	60.00 (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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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	Date (month, day, year)	Amount of Each Receipt this Period
A. JONES,NORM # 1-365/13410 PRESTON RD DALLAS, TX 75240-5236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 75.00	Payroll Deduction	75.00 (25 Per Month)
B. TOBIN,RICHARD 2330 MATHER RD/ MC KINLEYVILLE, CA 95521-9463 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 60.00	Payroll Deduction	60.00 (20 Per Month)
C. RICHARDSON,JOHN 912 WHANN AVE/ MCLEAN, VA 22101-1538 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 75.00	Payroll Deduction	75.00 (25 Per Month)
D. VORAS,ALBERT 3000 BROOKVIEW LN/ PALATINE, IL 60067-7309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 60.00	Payroll Deduction	60.00 (20 Per Month)
E. AASLETTEN,ANDREW 3806 HAMPTON RD/ DENTON, TX 76201-3230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 75.00	Payroll Deduction	75.00 (25 Per Month)
F. SIMMONDS,DONALD PO BOX 282/ BONSALL, CA 92003-0282 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 60.00	Payroll Deduction	60.00 (20 Per Month)
G. HENSON,HOWARD 400 FLINTRIDGE CT/ IRVING, TX 75038-4834 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 75.00	Payroll Deduction	75.00 (25 Per Month)

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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. GRUNDELAND, HAROLD 22 BLOOMER DR/ BURLINGTON, NJ 08016-3689	American Airlines, Inc	Payroll Deduction	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(100 Per Month)
	Aggregate Year-to-Date > $	300.00	
B. COULL, GLEN 3123 W. SIERRA DR./ WESTLAKE VILLAGE, CA 91362-3539	American Airlines, Inc	Payroll Deduction	48.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(16 Per Month)
	Aggregate Year-to-Date > $	48.00	
C. PARKER, BIGELOW 2341 N STAGE COACH LN/ FALLBROOK, CA 92028-9743	American Airlines, Inc	Payroll Deduction	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(25 Per Month)
	Aggregate Year-to-Date > $	75.00	
D. SHELLING, THOMAS 1604 HUNTINGDON CHASE/ DUNWOODY, GA 30350-4931	American Airlines, Inc	Payroll Deduction	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(20 Per Month)
	Aggregate Year-to-Date > $	60.00	
E. ALDERSON, STEPHEN PO BOX 401/ LITCHFIELD, IL 62056-0401	American Airlines, Inc	Payroll Deduction	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(25 Per Month)
	Aggregate Year-to-Date > $	75.00	
F. ALDRICH, DAVID 221 CHASSE CIR/ SAINT CHARLES, IL 60174-5723	American Airlines, Inc	Payroll Deduction	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(20 Per Month)
	Aggregate Year-to-Date > $	60.00	
G. TARPENNING, CORY 31224 EONA CIR/ TEMECULA, CA 92592-5701	American Airlines, Inc	Payroll Deduction	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(25 Per Month)
	Aggregate Year-to-Date > $	50.00	

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SCHEDULE A **ITEMIZED RECEIPTS**

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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
MICHAELSEN,KENT 38 SAWYER RD/ HAMPSTEAD, NH 03841-2130	American Airlines,Inc	Payroll Deduction	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 60.00		(20 Per Month)
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MCCLELLAND,DOUGLAS 547 CAMBRIAN WAY/ DANVILLE, CA 94526	American Airlines,Inc	Payroll Deduction	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 75.00		(25 Per Month)
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BOWEN,MICHAEL 341 N HOMESTEAD DR/ LANDISVILLE, PA 17538-1377	American Airlines,Inc	Payroll Deduction	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 150.00		(50 Per Month)
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GORE,WILLIAM 938 E. WIMBLEDON DR./ FRESNO, CA 93720-1355	American Airlines,Inc	Payroll Deduction	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 60.00		(20 Per Month)
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
SPENCER,MORRIS 4599 MOUNT GILEAD CHURCH RD/ SOPHIA, NC 27350-8835	American Airlines,Inc	Payroll Deduction	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 60.00		(20 Per Month)
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CLAYTON,PHILIP RT 2 BOX 120/ LEXINGTON, VA 24450	American Airlines,Inc	Payroll Deduction	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 60.00		(20 Per Month)
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
EDWARDS,JOEL 875 LAKEVIEW DR/#202 BROOKFIELD, WI 53045-5665	American Airlines,Inc	Payroll Deduction	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot Aggregate Year-to-Date > $ 75.00		(25 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 schedules 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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. GROSS,ROBERT 2720 NE 48TH CT/ LIGHTHOUSE POINT, FL 33064	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	150.00 (50 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 150.00		
B. KOLSTAD,RALPH 100 DEL RIO COURT/ IRVING, TX 75062-3919	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 75.00		
C. WARE,PAUL 5901 19DTH CT N/ JUPITER, FL 33458-2450	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 75.00		
D. SICILIANO,DANIEL 2660 NE 48TH ST/ LIGHTHOUSE POINT, FL 33064-7112	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	60.00 (20 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 60.00		
E. WATKINS,JEFFREY 720 BRADWELL RD/ BARRINGTON, IL 60010-5601	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 75.00		
F. HALL,DANIEL 1579 FLAMINGO CIR/ SOUTH LAKE, TX 89562	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	60.00 (20 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 60.00		
G. CUTTER,JOHN 191 BRIDGEPORT DR/ HALF MOON BAY, CA 94019-4236	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	150.00 (50 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 150.00		

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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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	Date (month, day, year)	Amount of Each Receipt this Period
WELLER,GARY 1687 NICKERSON WAY/ ARNOLD, MD 21012-2567	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 75.00		
SCHLEGEL,DUANE 1122 B NORTH TAYLOR ST./ ARLINGTON, VA 22201-4788	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	60.00 (20 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 60.00		
ESTES,RICHARD 405 INLAND CIR/ AZLE, TX 76020-4908	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	60.00 (20 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 60.00		
IGELSRUD,JON 2500 NE 32ND AVE/ FORT LAUDERDALE, FL 33305-1863	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 75.00		
HILL,JODY 3135 SUMATRA PL/ COSTA MESA, CA 92626-2336	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	150.00 (50 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 150.00		
LUCIA,PAUL 5288 TURTLE CREEK DR/ DOUGLASVILLE, GA 30135-2580	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	50.00 (50 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 50.00		
KRKUC,MICHAEL 1429 SW 74TH AVE/ NORTH LAUDERDALE, FL 33068-3610	American Airlines,Inc Occupation: Airline Pilot	Payroll Deduction	60.00 (20 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 60.00		

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 7 OF 7

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 REED, 2925 CORAL SHORES DR/ FORT LAUDERDALE, FL 33306-1257 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Airlines, Inc Occupation Airline Pilot Aggregate Year-to-Date $ 60.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 60.00 (20 Per Month)
B. Full Name, Mailing Address and ZIP Code CONSIDINE, MARTIN 1295 WOOD ROW WAY/ WELLINGTON, FL 33414-9023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer American Airlines, Inc Occupation Airline Pilot Aggregate Year-to-Date $ 75.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 75.00 (25 Per Month)
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$3,643.00

FE4AN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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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 Jack Brooks Federal Bldg, Room 201 300 Willow St Beaumont, TX 77701-2238	Committee to re-elect Disbursement for: [ ] Primary [xx] General [ ] Other (specify)	2/3/94	$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 Bud Shuster 179 E. Queen Street Chambersburg, PA 17201-2239	Shuster for Congress Disbursement for: [ ] Primary [xx] General [ ] Other (specify)	2/3/94	$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 David E. Bonior 59 N. Walnut St., Suite 305 Mt. Clemens, MI 48043-5659	Bonior for Congress Committee Disbursement for: [ ] Primary [xx] General [ ] Other (specify)	3/08/94	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Congressman John D. Dingell 5465 Schaefer Road Dearborn, MI 48126-3277	Dingell for Congress Committee Disbursement for: [ ] Primary [xx] General [ ] Other (specify)	3/08/94	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Senator Daniel Patrick Moynihan 230 S. Dearborn, Suite 3996 Chicago, IL 60604	The Moynihan Committee Disbursement for [ ] Primary [xx] General [ ] Other (specify)	3/14/94	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Congresswoman Barbara B. Kennelly 1 Corporate Center, 11th Floor Hartford, CT. 06103-3085	Kennelly for Congress Committee Disbursement for: [ ] Primary [xx] General [ ] Other (specify)	3/14/94	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Congressman Newt Gingrich 3823 Roswell Road, NE Marietta, GA	Friends of Gingrich Disbursement for: [ ] Primary [X] General [ ] Other (specify)	3/17/94	$1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	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) .....

TOTAL This Period (last page this line number only) $7,000.00

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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
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☐	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

SEH. 4-19-94

PREPARER DATE PREPARED

FEC FORM 70-2 (12/88)

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