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, Texas 76005-5524

RECEIVED
FEDERAL ELECTION COMMISSION
ADMINISTRATION

JUL 15 1 10 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 04/01/94 through 06/30/94		
6. (a) Cash on Hand January 1, 19 94		$ 55,614.10
(b) Cash on Hand at Beginning of Reporting Period	$ 66,236.28	
(c) Total Receipts (from Line 19)	$ 17,626.49	$ 35,248.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 83,862.77	$ 90,862.77
7. Total Disbursements (from Line 30)	$ 4,041.50	$ 11,041.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 79,821.27	$ 79,821.27
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
July 11, 1994

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)

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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 Association Political Action Committee

REPORT COVERING PERIOD FROM 04/01/94 TO: 06/30/94

	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)	3,460.00	7,103.00
ii. Unitemized	13,661.00	27,295.00
iii. Total (add i and ii) ➤	17,121.00	34,398.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	17,121.00	34,398.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	505.49	850.67
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	17,626.49	35,248.67
20. Total Federal Receipts (subtract line 18 from line 19) ➤	17,626.49	35,248.67
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	11,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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 a, b and c) ➤		
29. Other Disbursements	41.50	41.50
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,041.50	11,041.50
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,041.50	11,041.50
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	17,121.00	34,398.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	17,121.00	34,398.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STOKER,MARVIN 6205 WATERVIEW DR/ ARLINGTON, TX 76016-2049	American Airlines,Inc	Payroll Deduction	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(25 Per Month)
	Aggregate Year-to-Date > $ 150.00		
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	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(25 Per Month)
	Aggregate Year-to-Date > $ 150.00		
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/ WAYNE, NJ 07470-5602	American Airlines,Inc	Payroll Deduction	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(25 Per Month)
	Aggregate Year-to-Date > $ 150.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILLER,DONALD 7127 KATE DR/ HUDSON, OH 44236-4233	American Airlines,Inc	Payroll Deduction	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(20 Per Month)
	Aggregate Year-to-Date > $ 120.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARNDT,RICHARD 50 CANTERBURY LN/ WILTON, CT 06897-4104	American Airlines,Inc	Payroll Deduction	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(25 Per Month)
	Aggregate Year-to-Date > $ 150.00		
F. 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/ MANALAPAN, NJ 07726-3626	American Airlines,Inc	Payroll Deduction	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(75 Per Month)
	Aggregate Year-to-Date > $ 450.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OSTROWIK,K.C. PO BOX 996473/ MIAMI, FL 33299-6473	American Airlines,Inc	Payroll Deduction	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Pilot		(20 Per Month)
	Aggregate Year-to-Date > $ 120.00		

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 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. JONES,HORN # 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 $ 150.00	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 $ 120.00	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 $ 150.00	Payroll Deduction	75.00 (25 Per Month)
D. AASLETTEN,ANDREW 3806 HAMPTON RD/ DENTON, TX 76201-5230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 150.00	Payroll Deduction	75.00 (25 Per Month)
E. 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 $ 120.00	Payroll Deduction	60.00 (20 Per Month)
F. HEWSON,HOWARD 400 FLINTRIDGE CT/ IRVING, TX 75038-4834 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 150.00	Payroll Deduction	75.00 (25 Per Month)
G. GRUNDELAND,HAROLD 22 BLOOMER DR/ BURLINGTON, NJ 08016-3689 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 600.00	Payroll Deduction	300.00 (100 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 / 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 Occupation: Airline Pilot Aggregate Year-to-Date > $ 150.00	Payroll Deduction	75.00 (25 Per Month)
B. SNELLING,THOMAS 1604 HUNTINGDON CHASE/ DUNWOODY, GA 30350-4931 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 120.00	Payroll Deduction	60.00 (20 Per Month)
C. ALDERSON,STEPHEN PO BOX 401/ LITCHFIELD, IL 62056-0401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 150.00	Payroll Deduction	75.00 (25 Per Month)
D. ALDRICH,DAVID 221 CHASSE CIR/ SAINT CHARLES, IL 60174-5723 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 120.00	Payroll Deduction	60.00 (20 Per Month)
E. TARPENNING,CORY 31224 BONA CIR/ TEMECULA, CA 92592-5701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 125.00	Payroll Deduction	75.00 (25 Per Month)
F. MICHAELSEN,KENT 38 SAWYER RD/ HAMPSTEAD, NH 03841-2130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 120.00	Payroll Deduction	60.00 (20 Per Month)
G. MCCLELLAND,DOUGLAS 547 CAMBRIAN WAY/ DANVILLE, CA 94526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 150.00	Payroll Deduction	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 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 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. BOWEN,MICHAEL 341 N HOMESTEAD DR/ LANDISVILLE, PA 17538-1377 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation Airline Pilot Aggregate Year-to-Date $ 300.00	Payroll Deduction	150.00 (50 Per Month)
B. GORE,WILLIAN 938 E. WIMBLEDON DR./ FRESNO, CA 93720-1355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation Airline Pilot Aggregate Year-to-Date $ 120.00	Payroll Deduction	60.00 (20 Per Month)
C. SPENCER,MORRIS 4599 MOUNT GILEAD CHURCH RD/ SOPHIA, NC 27350-8835 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation Airline Pilot Aggregate Year-to-Date $ 120.00	Payroll Deduction	60.00 (20 Per Month)
D. CLAYTON,PHILIP RT 2 BOX 120/ LEXINGTON, VA 24450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation Airline Pilot Aggregate Year-to-Date $ 120.00	Payroll Deduction	60.00 (20 Per Month)
E. EDWARDS,JOEL 875 LAKEVIEW DR/#202 BROOKFIELD, WI 53045-5665 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation Airline Pilot Aggregate Year-to-Date $ 150.00	Payroll Deduction	75.00 (25 Per Month)
F. GROSS,ROBERT 2720 NE 48TH CT/ LIGHTHOUSE POINT, FL 33064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation Airline Pilot Aggregate Year-to-Date $ 300.00	Payroll Deduction	150.00 (50 Per Month)
G. KOLSTAD,RALPH 100 DEL RIO COURT/ IRVING, TX 75062-3919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines,Inc Occupation Airline Pilot Aggregate Year-to-Date $ 150.00	Payroll Deduction	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 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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. WARE, PAUL 5901 190TH CT N/ JUPITER, FL 33458-2450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines, Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 100.00	Payroll Deduction	25.00 (25 Per Month)
B. 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 $ 120.00	Payroll Deduction	60.00 (20 Per Month)
C. 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 $ 150.00	Payroll Deduction	75.00 (25 Per Month)
D. HALL, Daniel 1579 Flamingo Circle/ SOUTHLAKE, TX 76092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines, Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 120.00	Payroll Deduction	60.00 (20 Per Month)
E. OUTTER, 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 $ 300.00	Payroll Deduction	150.00 (50 Per Month)
F. 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 $ 150.00	Payroll Deduction	75.00 (25 Per Month)
G. SCHLEGEL, DUANE 1122 S NORTH TAYLOR ST./ ARLINGTON, VA 22201-4788 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines, Inc Occupation: Airline Pilot Aggregate Year-to-Date $ 120.00	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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FE4AN101

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

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NAME OF COMMITTEE (In Full)

Allied Pilots Assocation Political Action Committee

A. Full Name, Mailing Address and ZIP Code ESTES,RICHARD 405 INLAND CIR/ AZLE, TX 76020-4908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 120.00	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 IGELSRUD,JON 2500 NE 32ND AVE/ FORT LAUDERDALE, FL 33305-1863 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 150.00	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 HILL,JODY 3135 SUMATRA PL/ COSTA MESA, CA 92626-2536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 300.00	Date (month, day, year): Payroll Deduction	Amount of Each Receipt this Period: 150.00 (50 Per Month)
D. Full Name, Mailing Address and ZIP Code KRKUC,MICHAEL 1429 SW 74TH AVE/ NORTH LAUDERDALE, FL 33068-3610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Airlines,Inc Occupation: Airline Pilot Aggregate Year-to-Date > $ 120.00	Date (month, day, year): Payroll Deduction	Amount of Each Receipt this Period: 60.00 (20 Per Month)
E. 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 > $ 120.00	Date (month, day, year): Payroll Deduction	Amount of Each Receipt this Period: 60.00 (20 Per Month)
F. 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 > $ 150.00	Date (month, day, year): Payroll Deduction	Amount of Each Receipt this Period: 75.00 (25 Per Month)
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) ..... $ 3,460.00

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 Peter Hoagland Federal Building, Room 8424 215 North 17th Street Omaha, NE 68102	Hoagland for Congress Disbursement for: [ ] Primary [x] General [ ] Other (specify)	4/08/94	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 Jim Oberstar Federal Building, Room 231 515 West First Street Dekuth, MN 55802-1302	Friends of Jim Oberstar Disbursement for: [ ] Primary [x] General [ ] Other (specify)	4/15/94	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 Martin Frost 400 South Zang, Suite 1319 Dallas, TX. 75208	Frost Campaign Committee Disbursement for: [ ] Primary [x] General [ ] Other (specify)	6/15/94	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 Norman Mineta 1245 S. Winchester Blvd, Ste 314 San Jose, CA. 95128	Mineta for Congress Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	6/15/94	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	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)	
TOTAL This Period (last page this line number only)	$4,000.00

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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
☑	Registered/Certified Mail	POSTMARKED 7/11/94
☐	No Postmark	
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E.S.
PREPARER

7/15/94
DATE PREPARED

FEC FORM 70-2 (12/92)

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