REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. C00267549 090294 P 230
~~JOSEPH B SELLERS II~~ WILLIAM L. SLIKKERVOER
ALLIED PILOTS ASSOCIATION POLI
TICAL ACTION COMMITTEE (ANA) A
PO BOX 5524
ARLINGTON TX 76005

OCT 20 12 [illegible] '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 _____ through _____		
6. (a) Cash on Hand January 1, 19 94		$55,614.10
(b) Cash on Hand at Beginning of Reporting Period	$79,821.27	
(c) Total Receipts (from Line 19)	$17,222.14	$52,470.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$97,043.41	$108,084.91
7. Total Disbursements (from Line 30)	$ 8,005.25	$ 19,046.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$89,038.16	$ 89,038.16
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
William L. Slikkervoer

Signature of Treasurer
[signature]

Date
10-12-94

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)

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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 POLITIAL ACTION COMMT.

REPORT COVERING PERIOD FROM: July 1 1994 TO: Sept 30, 1994

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	2,475.00	9,578.00	
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized	14,526.00	41,821.00	11(a)(ii)
iii. Total (add i and ii) ➤	17,001.00	51,399.00	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) ➤	17,001.00	51,399.00	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.)	221.14	1,071.81	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	17,222.14	52,470.81	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	17,222.14	52,470.81	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	8,000.00	19,000.00	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	5.25	46.75	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,005.25	10,046.75	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	8,005.25	19,046.75	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	17,001.00	51,399.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	17,001.00	51,399.00	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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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Congtressman David E. Bonior 59 N. Walnut St Suite 305 Mt. Clemens MI 48043-5659	DAVID BONIOR FOR CONGRESS Disbursement for: Primary General Other (specify)	8-1-94	$1000.00
B. Congressman Bud Shuster 179 E Queen St CHAmbersburg PA 17201-2239	SHUSTER FOR CONGRESS Disbursement for: Primary General Other (specify)	8-1-94	$1000.00
C. Richard J. Durbin P.O. Box 1949 Springfield, IL 62705	DURBIN FOR CONGRESS Disbursement for: Primary General Other (specify)	8-9-94	$1000.00
D. Congressman Thomas S Foley W 601 First Ave SPOKANE, WA. 99204	COMMITTEE TO RE-ELECT TOM FOLEY Disbursement for: Primary General Other (specify)	9-23-94	$1000.00
E. Representative Pastor U.S. House of Representatives Washington, DC 20515	PASTOR FOR ARIZONA Disbursement for: Primary General Other (specify)	9-23-94	$1000.00
F. Congressman Peter Hoagland Federal Bldg Room 8424 Omaha, NE 68102	PETER HOAGLAND FOR CONGRESS Disbursement for: Primary General Other (specify)	9-23-94	$1000.00
G. Rick Boucher U. S. House of Representatives Washington, DC 20515	RICK BOUCER FOR CONGRESS Disbursement for: Primary General Other (specify)	9-23-94	$1000.00
H. Pete Geren U. S. House of Representatves Washington, DC 20515	PETE GEREN FOR CONGRESS Disbursement for: Primary General Other (specify)	9-23-94	$1000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$8,000.00

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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 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. STOHER,MARVIN 6205 WATERVIEW DR/ ARLINGTON, TX 76016-2049	American Airlines,Inc Operating Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 225.00		
B. FULLERTON,ROBERT 11 STONEDAM ISLAND RD/ MEREDITH, NH 03253-6820	American Airlines,Inc Operating Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 225.00		
C. EHRLICH,JOHN 140 CHESTNUT DR/ WAYNE, NJ 07470-5602	American Airlines,Inc Operating Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 225.00		
D. ARNOT,RICHARD 50 CANTERBURY LN/ WILTON, CT 06897-4104	American Airlines,Inc Operating Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 225.00		
E. DRUMMOND,DAVID 1 CRANE CT/ NANALAPAN, NJ 07726-3626	American Airlines,Inc Operating Pilot	Payroll Deduction	225.00 (75 Per Month)
Receipt For: Primary / General / Other (specify).	Aggregate Year-to-Date $ 675.00		
F. JONES,NORM # 1-365/13410 PRESTON RD DALLAS, TX 75240-5236	American Airlines,Inc Operating Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 225.00		
G. RICHARDSON,JOHN 912 WHANN AVE/ MCLEAN, VA 22101-1538	American Airlines,Inc Operating Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 225.00		

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 2 OF 4

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
AASLETTEN, ANDREW 3806 Hampton Road/ DENTON, TX 76201-3230	American Airlines, Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
HENSON, HOWARD 400 FLINTRIDGE CT/ IRVING, TX 75038-4834	American Airlines, Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GRUNDELAND, HAROLD 22 BLOOMER DR/ BURLINGTON, NJ 08016-3689	American Airlines, Inc Occupation: Airline Pilot	Payroll Deduction	300.00 (100 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 900.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
PARKER, BIGELOW 2341 N STAGE COACH LN/ FALLBROOK, CA 92028-9743	American Airlines, Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ALDERSON, STEPHEN PO BOX 401/ LITCHFIELD, IL 62056-0401	American Airlines, Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
TARPENNING, CORY 31224 EONA CIR/ TEMECULA, CA 92592-5701	American Airlines, Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 200.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MCCLELLAND, DOUGLAS 567 CAMBRIAN WAY/ DANVILLE, CA 94526	American Airlines, Inc Occupation: Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		

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

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. BOWEN, MICHAEL 341 N HOMESTEAD DR/ LANDISVILLE, PA 17538-1377 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines, Inc Airline Pilot Aggregate Year-to-Date > $ 450.00	Payroll Deduction	150.00 (50 Per Month)
B. EDWARDS, JOEL 875 LAKEVIEW DR/#202 BROOKFIELD, WI 53045-5665 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines, Inc Airline Pilot Aggregate Year-to-Date > $ 225.00	Payroll Deduction	75.00 (25 Per Month)
C. GROSS, ROBERT 2720 NE 48TH CT/ LIGHTHOUSE POINT, FL 33064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines, Inc Airline Pilot Aggregate Year-to-Date > $ 450.00	Payroll Deduction	150.00 (50 Per Month)
D. KOLSTAD, RALPH 100 DEL RIO COURT/ IRVING, TX 75062-3919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines, Inc Airline Pilot Aggregate Year-to-Date > $ 225.00	Payroll Deduction	75.00 (25 Per Month)
E. WATKINS, JEFFREY 720 BRADWELL RD/ BARRINGTON, IL 60010-5601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines, Inc Airline Pilot Aggregate Year-to-Date > $ 225.00	Payroll Deduction	75.00 (25 Per Month)
F. CUTTER, JOHN 191 BRIDGEPORT DR/ HALF MOON BAY, CA 94019-4236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines, Inc Airline Pilot Aggregate Year-to-Date > $ 450.00	Payroll Deduction	150.00 (50 Per Month)
G. WELLER, GARY 1687 NICKERSON WAY/ ARNOLD, MD 21012-2567 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Airlines, Inc Airline Pilot Aggregate Year-to-Date > $ 225.00	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

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. IGELSRUD, JON 2500 NE 32ND AVE/ FORT LAUDERDALE, FL 33305-1863	American Airlines, Inc Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 225.00		
B. HILL, JODY 3135 SUMATRA PL/ COSTA MESA, CA 92626-2336	American Airlines, Inc Airline Pilot	Payroll Deduction	150.00 (50 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 450.00		
C. CONSIDINE, MARTIN 1295 WOOD ROW WAY/ WELLINGTON, FL 33414-9023	American Airlines, Inc Airline Pilot	Payroll Deduction	75.00 (25 Per Month)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 225.00		
D. 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 > $		
E. 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 > $		
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) $2,475.00

FE4AN101

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 10-12-94
☐	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

JMH
PREPARER

10-20-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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