

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Airports Council International-North America PAC

ADDRESS (number and street)

1615 L St NW

Suite 300

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00341800

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:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Kevin Burke

Signature of Treasurer

Kevin Burke

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Airports Council International-North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		49141.73
(b) Cash on Hand at Beginning of Reporting Period.....	45214.09	
(c) Total Receipts (from Line 19) .....	3742.02	18124.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	48956.11	67265.77
7. Total Disbursements (from Line 31) .....	12608.57	30918.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36347.54	36347.54
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

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

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Airports Council International-North America PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3582.02

16732.02

(ii) Unitemized .....

160

1392.02

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3742.02

18124.04

(b) Political Party Committees .....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

3742.02

18124.04

## 12. Transfers From Affiliated/Other

Party Committees.....

## 13. All Loans Received .....

## 14. Loan Repayments Received.....

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3742.02

18124.04

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

3742.02

18124.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	108.57	418.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	108.57	418.23
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500	30500
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (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 Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(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)) ..	12608.57	30918.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12608.57	30918.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	3742.02	18124.04
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3742.02	18124.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	108.57	418.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	108.57	418.23

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)

**Airports Council International-North America PAC**

Full Name (Last, First, Middle Initial)

**A. Ms Ann Bellavia**

Mailing Address 619 North Edison Street

City	State	Zip Code
Arlington	VA	22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACI-NA

Occupation

Senior Director of Govmt Affairs

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11Ai-CNP2118

Amount of Each Receipt this Period

180

6 Payroll Deduction(s)

Full Name (Last, First, Middle Initial)

**B. Kevin Burke**Mailing Address 1615 L Street NW  
Suite 300

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACI-NA

Occupation

CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11Ai-CNP2127

Amount of Each Receipt this Period

750

6 Payroll Deduction(s)

Full Name (Last, First, Middle Initial)

**C. Matthew Cornelius**

Mailing Address 3205 6th Street South

City	State	Zip Code
Arlington	VA	22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Airports Council International

Occupation

Managing Director Of Air Policy

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11Ai-CNP2119

Amount of Each Receipt this Period

125.04

6 Payroll Deduction(s)

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

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

1055.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Airports Council International-North America PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Greg Cota**

Mailing Address 627 Williams Dr

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACI-NA

Occupation

Director of Government Affairs

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Ai-CNP2123

Amount of Each Receipt this Period

124.98

6 Payroll Deduction(s)

Full Name (Last, First, Middle Initial)

**B. Mr. Tom Devine**

Mailing Address 1233 Shenandoah Rd.

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACI-NA

Occupation

General Counsel

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Ai-CNP2125

Amount of Each Receipt this Period

600

6 Payroll Deduction(s)

Full Name (Last, First, Middle Initial)

**C. Deborah McElroy**

Mailing Address 5511 Pt. Longstreet Way

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACI-NA

Occupation

Executive Vice President

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Ai-CNP2120

Amount of Each Receipt this Period

750

6 Payroll Deduction(s)

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

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

1474.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Airports Council International-North America PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Christopher Oswald**

Mailing Address 9562 Ament Street

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACI-NA

Occupation

VP Safety and Operations

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11Ai-CNP2121

Amount of Each Receipt this Period

300

6 Payroll Deduction(s)

Full Name (Last, First, Middle Initial)

**B. Mr. Nathan Pick**

Mailing Address 6219 18th Rd. N

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACI-NA

Occupation

Director Of Advocacy

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

252

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11Ai-CNP2124

Amount of Each Receipt this Period

126

6 Payroll Deduction(s)

Full Name (Last, First, Middle Initial)

**C. Katherine Preston**

Mailing Address 1435 Parkwood Place NW

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACI-NA

Occupation

Senior Director Environmental Affairs

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

252

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11Ai-CNP2122

Amount of Each Receipt this Period

126

6 Payroll Deduction(s)

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

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

552.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Airports Council International-North America PAC

Full Name (Last, First, Middle Initial)

**A. Ms Maureen Riley**

Mailing Address P.O. Box 680069

City	State	Zip Code
Park City	UT	84068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Salt Lake City Dept of Airport

Occupation

Executive Director

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2015

Transaction ID : SA11Ai-CN2085

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**B. Ms Maureen Riley**

Mailing Address P.O. Box 680069

City	State	Zip Code
Park City	UT	84068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Salt Lake City Dept of Airport

Occupation

Executive Director

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	20	/	2015

Transaction ID : SA11Ai-CN2106

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

500.00

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

3582.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Airports Council International-North America PAC**

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville      State TN      Zip Code 37920

Purpose of Disbursement  
processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☐ Primary    ☒ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04      02      2015
**Transaction ID : SB21b-EX479**

Amount of Each Disbursement this Period

36.49

processing fee

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville      State TN      Zip Code 37920

Purpose of Disbursement  
processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☐ Primary    ☒ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05      04      2015
**Transaction ID : SB21b-EX484**

Amount of Each Disbursement this Period

28.03

processing fee

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville      State TN      Zip Code 37920

Purpose of Disbursement  
processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☐ Primary    ☒ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06      03      2015
**Transaction ID : SB21b-EX487**

Amount of Each Disbursement this Period

36.67

processing fee

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

101.19

101.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**Airports Council International-North America PAC**

Full Name (Last, First, Middle Initial)

**A. LoBiondo for Congress**

Mailing Address P.O. Box 550

City  
VinelandState  
NJZip Code  
08362Purpose of Disbursement  
political contribution

011

Candidate Name

**Lobiondo**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

**Transaction ID : SB23-EX482**

Amount of Each Disbursement this Period

5000.00
---------

political contribution

Full Name (Last, First, Middle Initial)

**B. Re-elect McGovern Committee**Mailing Address PO Box 60405  
PO Box 60405City  
WorcesterState  
MAZip Code  
01606Purpose of Disbursement  
political contribution

011

Candidate Name

**Jim McGovern**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

**Transaction ID : SB23-EX483**

Amount of Each Disbursement this Period

1000.00
---------

political contribution

Full Name (Last, First, Middle Initial)

**C. Citizens To Elect Rick Larsen**

Mailing Address PO BOX 326

City  
EverettState  
WAZip Code  
98206Purpose of Disbursement  
political contribution

011

Candidate Name

**Rick Larsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

**Transaction ID : SB23-EX478**

Amount of Each Disbursement this Period

2500.00
---------

political contribution

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

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**Airports Council International-North America PAC**

Full Name (Last, First, Middle Initial)

**A. Moran For Kansas**

Mailing Address PO BOX 1151

City	State	Zip Code
Hays	KS	67601

Purpose of Disbursement  
political contribution

Candidate Name

**Jerry Moran**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : SB23-EX480**

Amount of Each Disbursement this Period

1500.00
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political contribution

Full Name (Last, First, Middle Initial)

**B. Katko For Congress**

Mailing Address PO BOX 133

City	State	Zip Code
CAMILLUS	NY	13031

Purpose of Disbursement  
political contribution

Candidate Name

**John Katko**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

**Transaction ID : SB23-EX481**

Amount of Each Disbursement this Period

2500.00
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political contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

4000.00
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12500.00
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