

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
FAA Managers Association Inc. PAC

ADDRESS (number and street) 1015 Atlantic Blvd.  
Suite 245  
 Check if different than previously reported. (ACC)  
Atlantic Beach FL 32233

2. **FEC IDENTIFICATION NUMBER** C00366070  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIPCODE

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 Quarterly 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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2010 through 03 31 2010

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 Daniel R Cunningham

Signature of Treasurer Electronically Filed by Daniel R Cunningham Date 04 09 2010

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**

Write or Type Committee Name  
FAA Managers Association Inc. PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 77894.76 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 77894.76                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 22579.91                | 22579.91                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 100474.67               | 100474.67                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 33738.00                | 33738.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 66736.67                | 66736.67                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

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)

Write or Type Committee Name  
FAA Managers Association Inc. PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 600.00                        | 600.00                            |
| (ii) Unitemized .....  | 21758.44                      | 21758.44                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 22358.44                      | 22358.44                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 22358.44                      | 22358.44                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 221.47                        | 221.47                            |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 22579.91                      | 22579.91                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 22579.91                      | 22579.91                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 238.00                                | 238.00                                    |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 238.00                                | 238.00                                    |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 33500.00                              | 33500.00                                  |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....   | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 33738.00                              | 33738.00                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 33738.00                              | 33738.00                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 22358.44                      | 22358.44                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 22358.44                      | 22358.44                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 238.00                        | 238.00                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 238.00                        | 238.00                            |

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

|   |                              |
|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 15 |
|   | (check only one)             |
| <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)  
FAA Managers Association Inc. PAC

**A.**

|   |                             |   |
|---|-----------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ralph D Walters  |                             | Date of Receipt   |
| Mailing Address 3500 Cottonwood Circle  |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 31 / 2010 |
| City  | State                       | Zip Code  |
| Longmont  | CO                          | 80504   |
| FEC ID number of contributing federal political committee.  |                             | Transaction ID: SA11AI.20025  |
| C <input type="text"/>  |                             | Amount of Each Receipt this Period  |
|   |                             | <input type="text"/> 300.00   |
| Name of Employer<br>FAAMA   | Occupation<br>Supervisor    | biweekly payroll deduction  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼    |   |
|   | <input type="text"/> 300.00 |   |

**B.**

|   |                             |   |
|---|-----------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Terri Lynn Waterman  |                             | Date of Receipt   |
| Mailing Address 8025 NW 124th St  |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 31 / 2010 |
| City  | State                       | Zip Code  |
| Oklahoma City   | OK                          | 73142   |
| FEC ID number of contributing federal political committee.  |                             | Transaction ID: SA11AI.20027  |
| C <input type="text"/>  |                             | Amount of Each Receipt this Period  |
|   |                             | <input type="text"/> 300.00   |
| Name of Employer<br>FAAMA   | Occupation<br>Supervisor    | biweekly payroll deduction  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼    |   |
|   | <input type="text"/> 300.00 |   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/> 600.00 |

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

|   |                              |                              |                             |  |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 7 / 15                 |  |
|   | (check only one)             |                              |                             |  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13            |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input checked="" 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)  
FAA Managers Association Inc. PAC

**A.**

|   |       |   |
|---|-------|---|
| Full Name (Last, First, Middle Initial)<br>Family Horizons Credit Union   |       | Date of Receipt   |
| Mailing Address 6665 E. 21st Street   |       | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/> |
| City  | State | Zip Code  |
| Indianapolis  | IN    | 46219   |
| FEC ID number of contributing federal political committee.  |       | Transaction ID: SA17.20073  |
| <input type="text" value="C"/>  |       | Amount of Each Receipt this Period  |
| Name of Employer  |       | <input type="text" value="221.47"/>   |
| Occupation  |       | Interest Earned   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |       | Aggregate Year-to-Date ▼  |
|   |       | <input type="text" value="221.47"/>   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="221.47"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="221.47"/> |

**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 8 / 15

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input 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 |

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)  
FAA Managers Association Inc. PAC

A.

Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Mailing Address

City State Zip Code

Purpose of Disbursement  
Tax due

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.20068

Date of Disbursement

/   /

Amount of Each Disbursement this Period

238.00

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

238.00

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

238.00

**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"/> 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 |

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)  
FAA Managers Association Inc. PAC

|   |   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
|---|---|---------------------|-------------|-------------------|-------------------------------------|-------------------|---|---|--|--|---------------------|---------------------|---------|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br><b>BENNET FOR COLORADO</b><br><hr/> Mailing Address    1900 GRANT STREET SUITE 1170<br><hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City<br/>DENVER</td> <td style="width: 33%;">State<br/>CO</td> <td style="width: 33%;">Zip Code<br/>80203</td> </tr> </table> <hr/> Purpose of Disbursement<br><hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate Name<br/>MICHAEL F BENNET</td> <td style="width: 50%; text-align: center;">Category/<br/>Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input type="checkbox"/> House<br/><input checked="" type="checkbox"/> Senate<br/><input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For:    2010<br/><input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</td> <td style="width: 33%;"></td> </tr> </table> <hr/> State: CO    District: 00  | City<br>DENVER      | State<br>CO | Zip Code<br>80203 | Candidate Name<br>MICHAEL F BENNET  | Category/<br>Type | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:    2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> SB23.20060<br>Date of Disbursement<br><table style="width: 100%; text-align: center;"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>0 2 / 2 4 / 2 0 1 0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period<br><table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">1000.00</td> </tr> </table> | M M / D D / Y Y Y Y | 0 2 / 2 4 / 2 0 1 0 | 1000.00 |
| City<br>DENVER  | State<br>CO   | Zip Code<br>80203   |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| Candidate Name<br>MICHAEL F BENNET  | Category/<br>Type   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:    2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| M M / D D / Y Y Y Y   |   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| 0 2 / 2 4 / 2 0 1 0   |   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| 1000.00   |   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br><b>CHARLIE DENT FOR CONGRESS</b><br><hr/> Mailing Address    PO Box 442<br><hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City<br/>Allentown</td> <td style="width: 33%;">State<br/>PA</td> <td style="width: 33%;">Zip Code<br/>18105</td> </tr> </table> <hr/> Purpose of Disbursement<br><hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate Name<br/>CHARLES W DENT</td> <td style="width: 50%; text-align: center;">Category/<br/>Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For:    2010<br/><input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</td> <td style="width: 33%;"></td> </tr> </table> <hr/> State: PA    District: 15             | City<br>Allentown   | State<br>PA | Zip Code<br>18105 | Candidate Name<br>CHARLES W DENT    | Category/<br>Type | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:    2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> SB23.20061<br>Date of Disbursement<br><table style="width: 100%; text-align: center;"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>0 2 / 2 4 / 2 0 1 0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period<br><table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">1000.00</td> </tr> </table> | M M / D D / Y Y Y Y | 0 2 / 2 4 / 2 0 1 0 | 1000.00 |
| City<br>Allentown   | State<br>PA   | Zip Code<br>18105   |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| Candidate Name<br>CHARLES W DENT  | Category/<br>Type   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:    2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| M M / D D / Y Y Y Y   |   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| 0 2 / 2 4 / 2 0 1 0   |   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| 1000.00   |   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br><b>CIRO D. RODRIGUEZ FOR CONGRESS</b><br><hr/> Mailing Address    PO Box 14528<br><hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City<br/>San Antonio</td> <td style="width: 33%;">State<br/>TX</td> <td style="width: 33%;">Zip Code<br/>78214</td> </tr> </table> <hr/> Purpose of Disbursement<br><hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate Name<br/>CIRO D. RODRIGUEZ</td> <td style="width: 50%; text-align: center;">Category/<br/>Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For:    2010<br/><input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</td> <td style="width: 33%;"></td> </tr> </table> <hr/> State: TX    District: 23 | City<br>San Antonio | State<br>TX | Zip Code<br>78214 | Candidate Name<br>CIRO D. RODRIGUEZ | Category/<br>Type | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:    2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> SB23.20050<br>Date of Disbursement<br><table style="width: 100%; text-align: center;"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>0 2 / 1 1 / 2 0 1 0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period<br><table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">1000.00</td> </tr> </table> | M M / D D / Y Y Y Y | 0 2 / 1 1 / 2 0 1 0 | 1000.00 |
| City<br>San Antonio   | State<br>TX   | Zip Code<br>78214   |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| Candidate Name<br>CIRO D. RODRIGUEZ   | Category/<br>Type   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:    2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| M M / D D / Y Y Y Y   |   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| 0 2 / 1 1 / 2 0 1 0   |   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |
| 1000.00   |   |                     |             |                   |                                     |                   |   |   |  |  |                     |                     |         |

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

**3000.00**

**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"/> 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 |

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)  
FAA Managers Association Inc. PAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>CITIZENS FOR TOM PETRI   | Transaction ID: SB23.20049<br>Date of Disbursement<br>02 / 02 / 2010   |
|    | Mailing Address P.O. Box 270  | Amount of Each Disbursement this Period<br>3000.00   |
|    | City Fond du Lac State WI Zip Code 54936  |  |
|    | Purpose of Disbursement   | Category/Type  |
|    | Candidate Name TOM PETRI  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 06 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>CITIZENS FOR TOM PETRI   | Transaction ID: SB23.20062<br>Date of Disbursement<br>03 / 11 / 2010   |
|    | Mailing Address P.O. Box 270  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Fond du Lac State WI Zip Code 54936  |  |
|    | Purpose of Disbursement   | Category/Type  |
|    | Candidate Name TOM PETRI  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 06 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>COBLE FOR CONGRESS   | Transaction ID: SB23.20059<br>Date of Disbursement<br>03 / 18 / 2010   |
|    | Mailing Address PO Box 1177<br>PO Box 1177  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Greensboro State NC Zip Code 27402   |  |
|    | Purpose of Disbursement   | Category/Type  |
|    | Candidate Name JOHN HOWARD COBLE  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 06 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

5000.00

**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"/> 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 |

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)  
FAA Managers Association Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement

Candidate Name  
DAVID VITTER

Office Sought:  House  Senate  President  
State: LA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.20055  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
DEMINT FOR SENATE COMMITTEE INC

Mailing Address PO BOX 12425

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement

Candidate Name  
JAMES W DEMINT

Office Sought:  House  Senate  President  
State: SC District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.20070  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JIM OBERSTAR

Mailing Address 1017 8th St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name  
JAMES L HON. OBERSTAR

Office Sought:  House  Senate  President  
State: MN District: 08

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.20058  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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"/> 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 |

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)  
FAA Managers Association Inc. PAC

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>FRIENDS OF JOHN BARRASSO<br><hr/> Mailing Address PO BOX 52008<br><hr/> City CASPER State WY Zip Code 82605<br><hr/> Purpose of Disbursement <input type="checkbox"/><br><hr/> Candidate Name JOHN BARRASSO<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WY District: 00<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                  | Transaction ID: SB23.20047<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 1 0   |
|   | Amount of Each Disbursement this Period<br>1500.00   |
|   | Category/<br>Type  |
|   | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FRIENDS OF JOHN BARRASSO<br><hr/> Mailing Address PO BOX 52008<br><hr/> City CASPER State WY Zip Code 82605<br><hr/> Purpose of Disbursement <input type="checkbox"/><br><hr/> Candidate Name JOHN BARRASSO<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WY District: 00<br>Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                  | Transaction ID: SB23.20048<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 1 0   |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | Category/<br>Type  |
|   | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>GRAVES FOR CONGRESS<br><hr/> Mailing Address 2345 Grand Suite 2400<br><hr/> City Kansas City State MO Zip Code 64108<br><hr/> Purpose of Disbursement <input type="checkbox"/><br><hr/> Candidate Name SAMUEL B 'SAM' GRAVES<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MO District: 06<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.20046<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 5 / 2 0 1 0   |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type  |
|   | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

5000.00

**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"/> 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 |

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)  
FAA Managers Association Inc. PAC

|           |   |  |  |
|-----------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>JOHN CARTER FOR CONGRESS</b>  | <b>Transaction ID:</b> SB23.20051<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 4 / 2 0 1 0  |  |
|           | Mailing Address 1717 North IH-35 Suite 304  |  | Amount of Each Disbursement this Period<br>2000.00 |
|           | City Round Rock State TX Zip Code 78664   |  |  |
|           | Purpose of Disbursement   |  |  |
|           | Candidate Name JOHN CARTER  | Category/Type  |  |
|           | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|           | State: TX District: 31  |  |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>KAY GRANGER CAMPAIGN FUND</b>   | <b>Transaction ID:</b> SB23.20054<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 4 / 2 0 1 0  |  |
|           | Mailing Address 715 Jones Street Suite 101  |  | Amount of Each Disbursement this Period<br>1000.00 |
|           | City Fort Worth State TX Zip Code 76102   |  |  |
|           | Purpose of Disbursement   |  |  |
|           | Candidate Name KAY GRANGER  | Category/Type  |  |
|           | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|           | State: TX District: 12  |  |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>KENNY MARCHANT FOR CONGRESS</b>   | <b>Transaction ID:</b> SB23.20069<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 4 / 2 0 1 0  |  |
|           | Mailing Address PO BOX 110187   |  | Amount of Each Disbursement this Period<br>1000.00 |
|           | City CARROLLTON State TX Zip Code 75011   |  |  |
|           | Purpose of Disbursement   |  |  |
|           | Candidate Name KENNY E MR. MARCHANT   | Category/Type  |  |
|           | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|           | State: TX District: 24  |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4000.00 |
| <b>TOTAL</b> 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)

PAGE 15 / 15

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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)  
FAA Managers Association Inc. PAC

**A. OLSON FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement

Candidate Name  
PETER G OLSON

Office Sought:  House  
 Senate  
 President

State: TX District: 22

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

**Transaction ID:** SB23.20065

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

**B. ROS-LEHTINEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P O Box 52-2784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement

Candidate Name  
ILEANA ROS-LEHTINEN

Office Sought:  House  
 Senate  
 President

State: FL District: 18

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

**Transaction ID:** SB23.20063

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2010

Amount of Each Disbursement this Period

2500.00

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

3500.00

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

33500.00