

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

OCT 23 12 57 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**AMERICA WEST AIRLINES, INC. FEDERAL PAC**

ADDRESS (number and street)  Check if different than previously reported  
**4000 E. SKY HARBOR BLVD., HY-GOV**

CITY, STATE and ZIP CODE  
**PHOENIX, AZ 85034**

2. FEC IDENTIFICATION NUMBER  
**C00313650**

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	<u>7/1/96</u> through <u>9/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>			\$ <u>8,003.94</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>7,662.48</u>	
(c) Total Receipts (from Line 19)		\$ <u>2,962.75</u>	\$ <u>11,271.29</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>10,625.23</u>	\$ <u>19,275.23</u>
7. Total Disbursements (from Line 20)		\$ <u>500.00</u>	\$ <u>9,150.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>10,125.23</u>	\$ <u>10,125.23</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>- 0 -</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>- 0 -</u>	
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 <u>C. A. HOWLETT</u>			
Signature of Treasurer 			Date <u>10/15/96</u>

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

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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <i>AMERICA WEST AIRLINES, INC. FEDERAL PAC</i>		REPORT COVERING PERIOD FROM <i>7/1/96</i> TO: <i>9/30/96</i>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		<i>2,962.75</i>	<i>11,271.29</i>
ii. Unitemized		—	—
iii. Total (add i and ii) >		<i>2,962.75</i>	<i>11,271.29</i>
b. Political Party Committees		—	—
c. Other Political Committees (such as PACs)		—	—
d. Total Contributions (add a iii, b and c) >		<i>2,962.75</i>	<i>11,271.29</i>
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.)		—	—
18. Transfers from Nonfederal Account for Joint Activity		—	—
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		<i>2,962.75</i>	<i>11,271.29</i>
20. Total Federal Receipts (subtract line 18 from line 19) >		<i>2,962.75</i>	<i>11,271.29</i>
<b>II. Disbursements</b>			
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		<i>500.00</i>	<i>9,150.00</i>
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		—	—
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		<i>500.00</i>	<i>9,150.00</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		<i>500.00</i>	<i>9,150.00</i>
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		<i>2,962.75</i>	<i>11,271.29</i>
33. Total Contribution Refunds (from line 28d)		—	—
34. Net Contributions (other than loans) (subtract line 33 from 32)		<i>2,962.75</i>	<i>11,271.29</i>
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) >		<i>- 0 -</i>	<i>- 0 -</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 7  
FOR LINE NUMBER 11

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)

AMERICA WEST AIRLINES, INC. FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAYMOND ANTONINO 5444 DESERT VALLEY BL. LAS VEGAS, NV 89109	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	93.80 (18.76 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Senior Director</i> Aggregate Year-to-Date: <i>&gt; \$ 318.92</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUSSEL A. BUEHL 3108 E. EMERALD MESA, AZ 85213	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	- 0 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>V.P.</i> Aggregate Year-to-Date: <i>&gt; \$ 150.00</i>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID L. BLYTHE 821 E. TERRA CORONA WAY SCOTTSDALE, AZ 85250	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>SR. DIRECTOR</i> Aggregate Year-to-Date: <i>&gt; \$ 255.00</i>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYNN M. CABBELL 3427 E. DESERT PHOENIX, AZ 85044	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>SR. DIRECTOR</i> Aggregate Year-to-Date: <i>&gt; \$ 255.00</i>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL A. CARREON 12120 E. WELSH TRAIL SCOTTSDALE, AZ 85250	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>SR. DIRECTOR</i> Aggregate Year-to-Date: <i>&gt; \$ 255.00</i>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSE CECILIA 7938 E. TANGLEWOOD DR. SCOTTSDALE, AZ 85250	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	46.90 (9.38 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>SR. DIRECTOR</i> Aggregate Year-to-Date: <i>&gt; \$ 159.46</i>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT A. DAVIS 2120 E. MARSHALL AVE. PHOENIX, AZ 85016	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	30.00 (30.00 SEMI-MONTHLY UNTIL TERMINATED)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>V.P.</i> Aggregate Year-to-Date: <i>&gt; \$ 330.00</i>		

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

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NAME OF COMMITTEE (in Full)

AMERICA WEST AIRLINES, INC. FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS F. DERIEG 9483 N. 7th St. PARADISE VALLEY, AZ 85253 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMERICA WEST AIRLINES Occupation: SR. V.P. Aggregate Year-to-Date > \$ 330.00	REGULAR PAYROLL DEDUCTIONS	- 0 -
JOHN A. FITZGERALD 8638 E. VIA DE ANGIO SCOTTSDALE, AZ 85258 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMERICA WEST AIRLINES Occupation: SR. DIRECTOR Aggregate Year-to-Date > \$ 255.00	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
JOHN R. GABEL 3108 E. CLAREMONT PHOENIX, AZ 85016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMERICA WEST AIRLINES Occupation: SR. V.P. Aggregate Year-to-Date > \$ 510.00	REGULAR PAYROLL DEDUCTIONS	150.00 (30.00 SEMI-MONTHLY)
BERNARD L. HAN 445 S. DODSON RD. MESA, AZ Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMERICA WEST AIRLINES Occupation: V.P. Aggregate Year-to-Date > \$ 440.00	REGULAR PAYROLL DEDUCTIONS	150.00 (30.00 SEMI-MONTHLY)
HUBERT HOGAN 3500 N. HAYDEN RD. SCOTTSDALE, AZ 85251 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMERICA WEST AIRLINES Occupation: SR. DIRECTOR Aggregate Year-to-Date > \$ 105.00	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
C. A. HOWLETT 4902 N. 76th PLACE SCOTTSDALE, AZ 85251 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMERICA WEST AIRLINES Occupation: V.P. Aggregate Year-to-Date > \$ 510.00	REGULAR PAYROLL DEDUCTIONS	150.00 (30.00 SEMI-MONTHLY)
ROBERT L. SMITH Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMERICA WEST AIRLINES Occupation: SR. DIRECTOR Aggregate Year-to-Date > \$ 225.00	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (in Full)

AMERICA WEST AIRLINES, INC. FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHEARIN L. JAMISON 8311 E. VIA DE VENTURA SCOTTSDALE, AZ 85258	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	150.00 (30.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. V.P.	Aggregate Year-to-Date > \$ 510.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEREK J. KERR 10080 MOUNTAIN VIEW LAKE SCOTTSDALE, AZ 85268	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. DIRECTOR	Aggregate Year-to-Date > \$ 105.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN SCOTT KIRBY 5934 W. DORIS CT. CHANDLER, AZ 85226	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 210.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN D. LEONARD 5103 SUMMERBROOK DR. COLLEENVILLE, TX 76034	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	— 0 —
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	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
P. DOUGLAS MCKEEN 321 N. 65 <sup>TH</sup> ST. MESA, AZ 85044	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	— 0 —
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 210.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA M. MITCHELL 2125 E. AURELIUS PHOENIX, AZ 85020	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	18.75 (3.75 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. DIRECTOR	Aggregate Year-to-Date > \$ 52.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD M. METZOT 6165 E. GARY ST. MESA, AZ	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	30.00 (30.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 30.00	

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NAME OF COMMITTEE (in Full)

America West Airlines, Inc. FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BROOKER J. NEWMAN 1443 E. NIGHTINGALE WAY PHOENIX, AZ 85048	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	18.75 (3.75 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 78.75	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY V. MILE 131 N. HIGLEY RD. MESA, AZ	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	30.00 (30.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 30.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT S. NICHOUS 9600 96TH ST. #123 SCOTTSDALE, AZ 85258	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	- 0 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 315.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY W. NORTON 3105 E. DESERT FLOWER LANE PHOENIX, AZ 85048	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. DIRECTOR	Aggregate Year-to-Date > \$ 255.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. DOUGLAS PARKER 18233 N. 34TH LANE PHOENIX, AZ 85048	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	150.00 (30.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. V.P.	Aggregate Year-to-Date > \$ 510.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY J. POOL 4101 E. PARADISE DR. PHOENIX, AZ 85028	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	150.00 (30.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 510.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIZABETH H. SANDERSON 5104 N. 32ND ST. #340 PHOENIX, AZ 85018	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. DIRECTOR	Aggregate Year-to-Date > \$ 195.00	

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

AMERICA WEST AIRLINES, INC. FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUETTE SCHMIDT 101 S. YUCCA ST. CHANDLER, AZ	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. DIRECTOR	Aggregate Year-to-Date > \$ 105.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WENDY SCHOPPERT 7580 E. ASTER DR. SCOTTSDALE, AZ	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	75.00 (15.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. DIRECTOR	Aggregate Year-to-Date > \$ 105.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS L SMITH 10115 E. BLOOMFIELD SCOTTSDALE, AZ 85260	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	150.00 (30.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP.	Aggregate Year-to-Date > \$ 510.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL A. VESCUSO 9705 E MOUNTAIN VIEW DR. SCOTTSDALE, AZ 85258	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	150.00 (30.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. VP	Aggregate Year-to-Date > \$ 510.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD R. GOODMANSON 6616 N. 64 <sup>TH</sup> PL. PARADISE VALLEY, AZ 85253	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	30.00 (30.00 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COO	Aggregate Year-to-Date > \$ 30.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUGLAS CUMMINGS 19208 N. 36 <sup>TH</sup> WAY PHOENIX, AZ 850	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	100.66 (9.37 SEMI-MONTHLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 75.04	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAREN TAYLOR-DOWNMOYER 2025 E. CAMARILL #332 PHOENIX, AZ 85016	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	86.25 (3.25 BIWEEKLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 30.00	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7  
FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

AMERICA WEST AIRLINES, INC. FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID W. FERGUSON 8338 E. SHETLAND SCOTTSDALE, AZ 85258	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	0
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: DIRECTOR	Aggregate Year-to-Date: \$ 103.18	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT W. HODGES 4625 E. DESERT WILLOW PHOENIX, AZ 85044	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	0
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: DIRECTOR	Aggregate Year-to-Date: \$ 112.56	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEO D. HOLLIS 2653 S. STEWART AVE. MESA, AZ 85202	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	<del>65.66</del> (9.38 BIWEEKLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: DIRECTOR	Aggregate Year-to-Date: \$ 187.60	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES R. LA POTA 4527 E. LA MIRADA WAY PHOENIX, AZ 85044	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	<del>78.75</del> (11.25 BIWEEKLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: DIRECTOR	Aggregate Year-to-Date: \$ 228.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. WAYNE LUGHEED 4926 E. ANDARRA SCOTTSDALE, AZ 85264	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	0
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: DIRECTOR	Aggregate Year-to-Date: \$ 180.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROLYN PENDERGAST 8888 S. MYRTLE TEMPE, AZ 85284	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	0
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: DIRECTOR	Aggregate Year-to-Date: \$ 131.18	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA PENWELL 715 W. ROYALDOR PLACE CHANDLER, AZ 85224	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	<del>65.66</del> (9.38 BIWEEKLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: DIRECTOR	Aggregate Year-to-Date: \$ 187.60	

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 7 OF 7  
FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

AMERICA WEST AIRLINES, INC. FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EARL VAN RENWIE 1906 S. STANWIDGE CIRCLE MESA, AZ 85202	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	<del>65.57</del> 65.57 (9.37 BIWEEKLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 178.03	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WARREN W. RUCKER 1956 E. CALLE DE CABALLO TENAPE, AZ 85284	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	<del>65.66</del> 65.66 (9.38 BIWEEKLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 187.60	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM K. SPIGMAN 2000 MATTHEWS AVE. REDWOOD BEACH, CA 90278	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	<del>65.66</del> 65.66 (9.38 BIWEEKLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 187.60	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BILLY C. WALKER 3055 E. GARNET AVE. MESA, AZ 85204	AMERICA WEST AIRLINES	REGULAR PAYROLL DEDUCTIONS	<del>65.66</del> 65.66 (9.38 BIWEEKLY)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 187.60	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	<del>AMERICA WEST AIRLINES</del>	<del>REGULAR PAYROLL DEDUCTIONS</del>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	<del>AMERICA WEST AIRLINES</del>	<del>REGULAR PAYROLL DEDUCTIONS</del>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	<del>AMERICA WEST AIRLINES</del>	<del>REGULAR PAYROLL DEDUCTIONS</del>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$2,962.75

**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)

*AMERICA WEST AIRLINES, INC. FEDERAL PAC*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement RECEPTION FOR JANE HARMAN U.S. REPRESENTATIVE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/2/96	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) .....

500.00

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

10-15-96

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

  
PREPARER

10-23-96  
DATE PREPARED