AUG 2 3 41 PM '94

CONTINENTAL AIRLINES, INC.
EMPLOYEE FUND FOR A BETTER AMERICA

August 2, 1994

Mr. Andrew J. Dodson
Senior Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Mr. Dodson:

Enclosed please find an amended report for the period 3/1/94 to 3/31/94. The totals for Line 11(d), Columns A and B and the total for Line 23, Column B of the Detailed Summary Page were omitted from the original report filed April 20, 1994 and the amended report filed April 22, 1994.

Thank you for bringing this matter to our attention in your letter dated July 27, 1994.

Sincerely,

Rebecca G. Range
Treasurer

1300 I Street, N.W., Suite 950 East
Washington, D.C. 20005
(202) 289-6060

94039152743

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Rebecca G. Range, Treasurer
Continental Airlines Inc. Employee Fund For
A Better America (FKA Continental Holdings PAC)
1300 I Street, NW, Suite 950 East
P.O. Box 12788
Washington, DC 20005

JUL 27 1994

Identification Number: C00101766

Reference: April Monthly Report (3/1/94-3/31/94)

Dear Ms. Range:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide the totals for Line 11(d), Columns A and B of the Detailed Summary Page.

-Please provide the total for Line 23, Column B of the Detailed Summary Page.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Andrew J. Dodson
Senior Reports Analyst
Reports Analysis Division

219

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

AUG 2 3 01 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Continental Airlines, Inc. Employee Fund For A Better America

ADDRESS (number and street) ☐ Check if different than previously reported
2929 Allen Parkway, Suite 2010

CITY, STATE and ZIP CODE
Houston, Texas 77019

2. FEC IDENTIFICATION NUMBER
C000101766

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 03/01/94 through 03/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 7,264.56
(b) Cash on Hand at Beginning of Reporting Period	$ 209.38	
(c) Total Receipts (from Line 19)	$ 963.06	$ 2,907.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1,172.44	$ 10,172.44
7. Total Disbursements (from Line 30)	$ 110.00	$ 9,110.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,062.44	$ 1,062.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Rebecca G. Range

Signature of Treasurer
Rebecca G. Range

Date
08/02/94

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

FEC FORM 3X

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

(revised 1/1/91)

NAME OF COMMITTEE Continental Airlines, Inc. Employee Fund For A Better America

REPORT COVERING PERIOD FROM 03/01/94 TO 03/31/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	587.58		
ii. Unitemized		1,617.78	1
iii. Total (add i and ii) ➤	370.48	1,256.96	1
b. Political Party Committees	958.06	2,874.74	1
c. Other Political Committees (such as PACs)			1
d. Total Contributions (add a iii, b and c) ➤			11
12. Transfers From Affiliated/Other Party Committees	958.06	2,874.74	11
13. All Loans Received			12
14. Loan Repayments Received			13
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			14
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			15
17. Other Federal Receipts (Dividends, Interest, etc.)			16
18. Transfers from Nonfederal Account for Joint Activity	5.00	33.14	17
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤			18
20. Total Federal Receipts (subtract line 18 from line 19) ➤	963.06	2,907.88	19
	963.06	2,907.88	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			21(a)
b. Other Federal Operating Expenditures			21(a)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	110.00	110.00	21(b)
22. Transfers to Affiliated/Other Party Committees	110.00	110.00	21(c)
23. Contributions to Federal Candidates/Committees and Other Political Committees			22
24. Independent Expenditures (use Schedule E)	-0-	9,000.00	23
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			24
26. Loan Repayments Made			25
27. Loans Made			26
28. Refunds of Contributions To:			27
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			28(a)
c. Other Political Committees (such as PACs)			28(b)
d. Total Contribution Refunds (add a, b and c) ➤			28(c)
29. Other Disbursements			28(d)
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤			29
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	110.00	9,110.00	30
	110.00	9,110.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	958.06	2,874.74	32
33. Total Contribution Refunds (from line 28d)			33
34. Contributions (other than loans)(subtract line 33 from 32)	958.06	2,874.74	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	110.00	110.00	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	110.00	110.00	37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11a

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)
Continental Airlines, Inc. Employee Fund for a Better America

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sam Ashmore 2929 Allen Parkway, Suite 1400 Houston, Texas 77019	Continental Airlines Inc.	3/1/94	$153.52
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Employee	3/16/94	$153.52
	Aggregate Year-to-Date > $ 921.12		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Rebecca G. Cox 1300 I Street, NW, Suite 950 E Washington, D.C. 20005	Continental Airlines Inc.	3/1/94	$104.03
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Employee	3/16/94	$104.03
	Aggregate Year-to-Date > $ 624.18		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Silas Miller 2929 Allen Parkway Houston, Texas 77019	Continental Airlines Inc.	3/1/94	$ 36.24
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Airline Employee	3/16/94	$ 36.24
	Aggregate Year-to-Date > $ 217.44		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ 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**
Receipt For: ☐ Primary ☐ General ☐ 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**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > $587.58

TOTAL This Period (last page this line number only) > $587.58

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 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)
Continental Airlines, Inc. Employee Fund for a Better America

A. Full Name, Mailing Address and ZIP Code BankOne P. O. Box 2629 Houston, Texas 77252-2629	Name of Employer	Date (month, day, year) 3/28/94	Amount of Each Receipt this Period $5.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $33.14		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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
Receipt For: ☐ Primary ☐ General ☐ 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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > $5.00

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

...y information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commerc... poses, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Continental Airlines, Inc. Employee Fund for a Better America

A. Full Name, Mailing Address and ZIP Code Internal Revenue Service	Purpose of Disbursement Form 1120 POL Income Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/11/94	Amount of Each Disbursement This Per $110.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Perio
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $110.00

TOTAL This Period (last page this line number only) $110.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 8-2-94
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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

8-3-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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