

# 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  
American Association of Airport Executives

ADDRESS (number and street)  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00176727 **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 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 09 01 2006 through 09 30 2006

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 Charles Barclay

Signature of Treasurer Electronically Filed by Charles Barclay Date 10 05 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Association of Airport Executives

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|                                                                                                                                                                                                                         | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 15272.12 |
| Y                                                                                                                                                                                                                       | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2                                                                                                                                                                                                                       | 0                       | 0                                 | 6 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                                                                                                                              | 15950.69                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....                                                                                                                                                                                 | 3495.63                 | 34674.20                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....                                                                                                                    | 19446.32                | 49946.32                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                                                             | 9500.00                 | 40000.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                                                               | 9946.32                 | 9946.32                           |   |   |   |   |   |   |  |          |
| 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**

Write or Type Committee Name  
American Association of Airport Executives

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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                                                | 3405.63                       | 27836.48                          |
| (i) Itemized (use Schedule A) .....                                                                    | 90.00                         | 6837.72                           |
| (ii) Unitemized .....                                                                                  | 3495.63                       | 34674.20                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 3495.63                       | 34674.20                          |
| 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.) .....                                           | 0.00                          | 0.00                              |
| 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)) .....                          | 3495.63                       | 34674.20                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 3495.63                       | 34674.20                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <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.....                                                   | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party Committees.....                                         | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 9500.00                               | 40000.00                                  |
| 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))..        | 9500.00                               | 40000.00                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 9500.00                               | 40000.00                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| 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) .....        | 3495.63                       | 34674.20                          |
| 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) .....   | 3495.63                       | 34674.20                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 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) .....             | 0.00                          | 0.00                              |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 11                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                        | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                        | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
American Association of Airport Executives

**A.** Full Name (Last, First, Middle Initial)  
Joel Bacon

Mailing Address 7111 Richard Casey Court

City State Zip Code  
Alexandria VA 22302

FEC ID number of contributing federal political committee. **C**

Name of Employer AAAE Occupation  
Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4375.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.4968

Amount of Each Receipt this Period  
656.25

**B.** Full Name (Last, First, Middle Initial)  
Spencer Dickerson

Mailing Address 4001 Carson Place

City State Zip Code  
Alexandria VA 22304

FEC ID number of contributing federal political committee. **C**

Name of Employer AAAE Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3852.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.4969

Amount of Each Receipt this Period  
577.80

**C.** Full Name (Last, First, Middle Initial)  
Tyra Harpster

Mailing Address 6395 Etheridge Lane

City State Zip Code  
Manassas VA 20122

FEC ID number of contributing federal political committee. **C**

Name of Employer AAAE Occupation  
Staff Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.60

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.4971

Amount of Each Receipt this Period  
69.24

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1303.29 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 11                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                        | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                        | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
American Association of Airport Executives

|                                                                                                                                 |                                              |                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Todd Hauptli                                                               |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address 1178 Old Tolson Mill Road                                                                                       |                                              | <b>Transaction ID:</b> SA11A1.4972                       |  |
| City State Zip Code<br>McLean VA 22102                                                                                          | Amount of Each Receipt this Period<br>576.93 |                                                          |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                              |                                                          |  |
| Name of Employer AAAE<br>Occupation<br>Executive Vice President                                                                 | Aggregate Year-to-Date ▼<br>3846.20          |                                                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                              |                                                          |  |

|                                                                                                                                 |                                              |                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Joan Lowden                                                                |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address 8413 Holly Leaf Drive                                                                                           |                                              | <b>Transaction ID:</b> SA11A1.4970                       |  |
| City State Zip Code<br>McLean VA 22107                                                                                          | Amount of Each Receipt this Period<br>173.10 |                                                          |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                              |                                                          |  |
| Name of Employer AAAE<br>Occupation<br>Senior Vice President                                                                    | Aggregate Year-to-Date ▼<br>1154.00          |                                                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                              |                                                          |  |

|                                                                                                                                 |                                              |                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Carter Morris                                                              |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address 715 Genessee Street                                                                                             |                                              | <b>Transaction ID:</b> SA11A1.4973                       |  |
| City State Zip Code<br>Annapolis MD 21401                                                                                       | Amount of Each Receipt this Period<br>138.45 |                                                          |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                              |                                                          |  |
| Name of Employer AAAE<br>Occupation<br>Staff Vice President - Regulatory                                                        | Aggregate Year-to-Date ▼<br>923.00           |                                                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                              |                                                          |  |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 888.48 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 11                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                        | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                        | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
American Association of Airport Executives

|                                                                                                                                 |                                     |                                                          |                                              |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Patrick Osborne                                                            |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |                                              |
| Mailing Address 3609 Aspen Court                                                                                                |                                     | <b>Transaction ID:</b> SA11A1.4978                       |                                              |
| City Davidsonville                                                                                                              | State MD                            | Zip Code 21035                                           | Amount of Each Receipt this Period<br>150.00 |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                     |                                                          |                                              |
| Name of Employer AAAE                                                                                                           | Occupation Vice President           |                                                          |                                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |                                                          |                                              |

|                                                                                                                                 |                                          |                                                          |                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Eryn Travis                                                                |                                          | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |                                              |
| Mailing Address 1718 Corcoran St, #1                                                                                            |                                          | <b>Transaction ID:</b> SA11A1.4974                       |                                              |
| City Washington                                                                                                                 | State DC                                 | Zip Code 20009                                           | Amount of Each Receipt this Period<br>145.38 |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                          |                                                          |                                              |
| Name of Employer AAAE                                                                                                           | Occupation Director, Legislative Affairs |                                                          |                                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>969.20       |                                                          |                                              |

|                                                                                                                                 |                                          |                                                          |                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Brad Van Dam                                                               |                                          | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |                                              |
| Mailing Address 4519 Nebraska Ave, NW                                                                                           |                                          | <b>Transaction ID:</b> SA11A1.4975                       |                                              |
| City Washington                                                                                                                 | State DC                                 | Zip Code 20016                                           | Amount of Each Receipt this Period<br>630.00 |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                          |                                                          |                                              |
| Name of Employer AAAE                                                                                                           | Occupation Director, Legislative Affairs |                                                          |                                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3780.00      |                                                          |                                              |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 925.38 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|                                                                        |                              |                              |                             |                             |
|------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 9 / 11                 |                             |
|                                                                        | (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"/> 13                                            | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
American Association of Airport Executives

**A.** Full Name (Last, First, Middle Initial)  
Tom Zoeller

Mailing Address 204 W. Uhler Terrance

City State Zip Code  
Alexandria VA 22301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AAAE Sr. Staff Vice President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1923.20

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.4980

Amount of Each Receipt this Period  
288.48

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 288.48  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 3405.63 |

# 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 10 / 11

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Association of Airport Executives

|                                                                                                                                   |                                                                                                                                   |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. MICA FOR CONGRESS</b>                                                            |                                                                                                                                   | <b>Transaction ID: SB23.4986</b><br>Date of Disbursement                                              |
| Mailing Address P. O. Box 181546                                                                                                  |                                                                                                                                   | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2006"/> |
| City<br>Casselberry                                                                                                               | State<br>FL                                                                                                                       | Zip Code<br>32718                                                                                     |
| Purpose of Disbursement                                                                                                           |                                                                                                                                   | Amount of Each Disbursement this Period<br><input type="text" value="1000.00"/>                       |
| Candidate Name                                                                                                                    |                                                                                                                                   | Category/<br>Type                                                                                     |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                       |
| State: FL                                                                                                                         | District: 07                                                                                                                      |                                                                                                       |

|                                                                                                                        |                                                                                                                                   |                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. MIC PAC</b>                                                           |                                                                                                                                   | <b>Transaction ID: SB23.4989</b><br>Date of Disbursement                                              |
| Mailing Address 601 N. Fredrick Suite 200                                                                              |                                                                                                                                   | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2006"/> |
| City<br>Orlando                                                                                                        | State<br>FL                                                                                                                       | Zip Code<br>32803                                                                                     |
| Purpose of Disbursement                                                                                                |                                                                                                                                   | Amount of Each Disbursement this Period<br><input type="text" value="1000.00"/>                       |
| Candidate Name                                                                                                         |                                                                                                                                   | Category/<br>Type                                                                                     |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                       |
| State:                                                                                                                 | District:                                                                                                                         |                                                                                                       |

|                                                                                                                                   |                                                                                                                                   |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Senate Victory Fund</b>                                                          |                                                                                                                                   | <b>Transaction ID: SB23.4988</b><br>Date of Disbursement                                              |
| Mailing Address 2285 Washington St Suite B-20                                                                                     |                                                                                                                                   | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2006"/> |
| City<br>Alexandria                                                                                                                | State<br>VA                                                                                                                       | Zip Code<br>22314                                                                                     |
| Purpose of Disbursement                                                                                                           |                                                                                                                                   | Amount of Each Disbursement this Period<br><input type="text" value="2000.00"/>                       |
| Candidate Name                                                                                                                    |                                                                                                                                   | Category/<br>Type                                                                                     |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                       |
| State: MS                                                                                                                         | District:                                                                                                                         |                                                                                                       |

|                                                                  |                                      |
|------------------------------------------------------------------|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="4000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# 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 11 / 11

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Association of Airport Executives

|                                                                         |             |                                                                                                                                      |                                                    |
|-------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. WHITE MOUNTAIN PAC</b> |             | <b>Transaction ID: SB23.4982</b>                                                                                                     |                                                    |
| Mailing Address P.O. Box 1772                                           |             | Date of Disbursement<br>09 / 30 / 2006                                                                                               |                                                    |
| City<br>Concord                                                         | State<br>NH | Zip Code<br>03302                                                                                                                    | Amount of Each Disbursement this Period<br>3000.00 |
| Purpose of Disbursement                                                 |             | Category/Type                                                                                                                        |                                                    |
| Candidate Name                                                          |             | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |                                                    |
| State: District:                                                        |             | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                    |

|                                                                         |             |                                                                                                                                      |                                                    |
|-------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. WHITE MOUNTAIN PAC</b> |             | <b>Transaction ID: SB23.4985</b>                                                                                                     |                                                    |
| Mailing Address P.O. Box 1772                                           |             | Date of Disbursement<br>09 / 30 / 2006                                                                                               |                                                    |
| City<br>Concord                                                         | State<br>NH | Zip Code<br>03302                                                                                                                    | Amount of Each Disbursement this Period<br>2000.00 |
| Purpose of Disbursement                                                 |             | Category/Type                                                                                                                        |                                                    |
| Candidate Name                                                          |             | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |                                                    |
| State: District:                                                        |             | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                    |

|                                                                       |             |                                                                                                                                      |                                                   |
|-----------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. WICKER, ROGER F.</b> |             | <b>Transaction ID: SB23.4983</b>                                                                                                     |                                                   |
| Mailing Address P. O. Box 874                                         |             | Date of Disbursement<br>09 / 30 / 2006                                                                                               |                                                   |
| City<br>Tupelo                                                        | State<br>MS | Zip Code<br>38802                                                                                                                    | Amount of Each Disbursement this Period<br>500.00 |
| Purpose of Disbursement                                               |             | Category/Type                                                                                                                        |                                                   |
| Candidate Name                                                        |             | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                   |
| State: MS District: 01                                                |             | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                   |

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>5500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>9500.00</b> |