

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 888 16th Street NW Suite 530 Washington DC 20006
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00366070
3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: [X] April 15 Quarterly Report(Q1)
(b) Monthly Report Due On: [] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11)
(c) 12-Day PRE-Election Report for the: [] Primary (12P) [] General (12G) [] Runoff (12R)
(d) 30-Day Post -Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S)

5. Covering Period 01 01 2004 through 03 31 2004

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 Mr. Louis H Dupart

Signature of Treasurer Electronically Filed by Mr. Louis H Dupart Date 07 11 2008

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
FAA Managers Association Inc. PAC

Report Covering the Period: From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

 To:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand 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>4</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 4 | | 63406.79 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 63406.79 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 24167.19 | 24167.19 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 87573.98 | 87573.98 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 16025.00 | 16025.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 71548.98 | 71548.98 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on 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
FAA Managers Association Inc. PAC

Report Covering the Period: From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

 To:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 1645.00 | 1645.00 |
| (i) Itemized (use Schedule A) | 22357.00 | 22357.00 |
| (ii) Unitemized | 24002.00 | 24002.00 |
| (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) | 24002.00 | 24002.00 |
| 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.) | 165.19 | 165.19 |
| 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)) | 24167.19 | 24167.19 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 24167.19 | 24167.19 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 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..... | 16000.00 | 16000.00 |
| 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..... | 25.00 | 25.00 |
| 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)).. | 16025.00 | 16025.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 16025.00 | 16025.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 24002.00 | 24002.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 24002.00 | 24002.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 10 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
FAA Managers Association Inc. PAC

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Stephen A Baker | Date of Receipt MM / DD / YYYY 03 / 31 / 2004 |
| | Mailing Address 13315 Reynolds Road | Transaction ID: SA11AI.9985 |
| | City State Zip Code Kearney MO 64060 | Amount of Each Receipt this Period 315.00 |
| | FEC ID number of contributing federal political committee. C | biweekly payroll deduction |
| | Name of Employer Occupation FAA Managers Association Supervisor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 315.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Robert J Phillips | Date of Receipt MM / DD / YYYY 03 / 31 / 2004 |
| | Mailing Address P O Box 872984 | Transaction ID: SA11AI.10269 |
| | City State Zip Code Wasilla AK 99687 | Amount of Each Receipt this Period 560.00 |
| | FEC ID number of contributing federal political committee. C | biweekly payroll deduction |
| | Name of Employer Occupation FAA Managers Association Supervisor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 560.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Ralph D Walters | Date of Receipt MM / DD / YYYY 03 / 31 / 2004 |
| | Mailing Address 3500 Cottonwood Circle | Transaction ID: SA11AI.10358 |
| | City State Zip Code Longmont CO 80504 | Amount of Each Receipt this Period 210.00 |
| | FEC ID number of contributing federal political committee. C | biweekly payroll deduction |
| | Name of Employer Occupation FAAMA Supervisor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1085.00 |
| TOTAL This Period (last page this line number only) | |

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

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 10 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
FAA Managers Association Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Terri Lynn Waterman

Mailing Address 8025 NW 124th St

City State Zip Code
Oklahoma City OK 73142

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

Name of Employer Occupation
FAAMA Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 4 |

Transaction ID: SA11AI.10361

Amount of Each Receipt this Period
350.00

biweekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Larry W Wilson

Mailing Address 9611 NW 4th St.

City State Zip Code
Pembroke Pines FL 33024

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

Name of Employer Occupation
FAA Managers Association Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 4 |

Transaction ID: SA11AI.10375

Amount of Each Receipt this Period
210.00

biweekly payroll deduction

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 560.00 |
| TOTAL This Period (last page this line number only) | 1645.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FAA Managers Association Inc. PAC

A. AMERIPAC: THE FUND FOR A GREATER AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
STENY HAMILTON HOYER

Office Sought: House
 Senate
 President

State: MD District: 05

Disbursement For: 2004
 Primary General
 Other (specify) Leadership

Transaction ID: SB23.10387

Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

5000.00

B. BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement

Candidate Name
WILLIAM F SHUSTER

Office Sought: House
 Senate
 President

State: PA District: 09

Disbursement For: 2004
 Primary General
 Other (specify)

Transaction ID: SB23.10391

Date of Disbursement

03 / 07 / 2004

Amount of Each Disbursement this Period

5000.00

C. M-PAC

Full Name (Last, First, Middle Initial)

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
PATTY MURRAY

Office Sought: House
 Senate
 President

State: WA District: 00

Disbursement For: 2004
 Primary General
 Other (specify) Leadership

Transaction ID: SB23.10389

Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FAA Managers Association Inc. PAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN Mailing Address PO BOX 3662 City SEATTLE State WA Zip Code 98124 Purpose of Disbursement Candidate Name PATTY MURRAY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.10388 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 4 |
| | Amount of Each Disbursement this Period 2500.00 Category/Type |
| B. Full Name (Last, First, Middle Initial) ROBERT ADERHOLT FOR CONGRESS Mailing Address P. O. Box 1158 940 HWY 13 City Haleyville State AL Zip Code 35565 Purpose of Disbursement Candidate Name ROBERT B. ADERHOLT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.10395 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 4 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type |

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

16000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

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

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NAME OF COMMITTEE (In Full)
FAA Managers Association Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Family Horizons Credit Union

Mailing Address 6665 E. 21st Street

City Indianapolis State IN Zip Code 46219

Purpose of Disbursement
Bank Service Charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.15693

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)