

# 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  
AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

ADDRESS (number and street) 1775 K STREET NW SUITE 500  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20006

2. **FEC IDENTIFICATION NUMBER** C00341800  
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 05 01 2009 through 05 31 2009

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 Greg Principato

Signature of Treasurer Electronically Filed by Greg Principato Date 05 12 2009

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		42776.78
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	38893.75									
(c) Total Receipts (from Line 19) .....	3033.24	15040.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	41926.99	57817.44								
7. Total Disbursements (from Line 31) .....	3886.89	19777.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38040.10	38040.10								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	2723.24	13795.66
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	310.00	1245.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3033.24	15040.66
(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) .....	3033.24	15040.66
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)) .....	3033.24	15040.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3033.24	15040.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B 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.....	386.89	8777.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	386.89	8777.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	11000.00
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))..	3886.89	19777.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3886.89	19777.34

**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) .....	3033.24	15040.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3033.24	15040.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	386.89	8777.34
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	386.89	8777.34

**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 / 12
	<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

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)  
AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. G. Hardy Acree	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address 796 Crocker Road	<b>Transaction ID:</b> SA11AI.5549
	City State Zip Code Sacramento CA 95837	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Sacramento County Airport Syst Occupation Director of Airports Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Ken Anthony	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address 1101 N. Howard Avenue	<b>Transaction ID:</b> SA11AI.5597
	City State Zip Code Tampa FL 33687	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	credit card contribution
	Name of Employer Ken Anthony Insurance Agency Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Eileen Denne	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 1127 Bayliss Drive	<b>Transaction ID:</b> SA11AI.5535
	City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer ACI-NA Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	775.00
<b>TOTAL</b> 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 / 12

(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)

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Eileen Denne

Mailing Address 1127 Bayliss Drive

City State Zip Code  
Alexandria VA 22302

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

Name of Employer ACI-NA Occupation VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5536

Amount of Each Receipt this Period  
25.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Deborah McElroy

Mailing Address 5511 Pt. Longstreet Way

City State Zip Code  
Burke VA 22015

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

Name of Employer ACI-NA Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1880.83

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5541

Amount of Each Receipt this Period  
207.93

contribution

**C.**

Full Name (Last, First, Middle Initial)

Deborah McElroy

Mailing Address 5511 Pt. Longstreet Way

City State Zip Code  
Burke VA 22015

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

Name of Employer ACI-NA Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2088.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5542

Amount of Each Receipt this Period  
207.93

contribution

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

440.86

**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: (check only one)	PAGE 8 / 12
	<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)  
AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Louis Miller	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address 4504 W Azeele Street	<b>Transaction ID:</b> SA11AI.5545
	City Tampa State FL Zip Code 33609	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
	Name of Employer Hillsborough County Aviation Occupation Airport Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Christopher Jon Oswald	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 9562 Ament Street	<b>Transaction ID:</b> SA11AI.5539
	City Silver Spring State MD Zip Code 20910	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
	Name of Employer ACI-NA Occupation VP Safety and Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Christopher Jon Oswald	Date of Receipt MM / DD / YYYY 05 / 31 / 2009
	Mailing Address 9562 Ament Street	<b>Transaction ID:</b> SA11AI.5540
	City Silver Spring State MD Zip Code 20910	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
	Name of Employer ACI-NA Occupation VP Safety and Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>590.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 12
	<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)  
AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Greg Principato	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 4717 Newcomb Place	<b>Transaction ID:</b> SA11AI.5543
	City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 208.69
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer ACI-NA Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1878.21	

<b>B.</b>	Full Name (Last, First, Middle Initial) Greg Principato	Date of Receipt MM / DD / YYYY 05 / 31 / 2009
	Mailing Address 4717 Newcomb Place	<b>Transaction ID:</b> SA11AI.5544
	City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 208.69
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer ACI-NA Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2086.90	

<b>C.</b>	Full Name (Last, First, Middle Initial) Henry Ramella	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address 244 Indian Wells Drive	<b>Transaction ID:</b> SA11AI.5600
	City State Zip Code Spartanburg SC 29306-6625	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	credit card contribution
	Name of Employer Spartan Mills Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>917.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2723.24</b>

**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 / 12

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

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NAME OF COMMITTEE (In Full)

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

A.

Full Name (Last, First, Middle Initial)

The Second City

Mailing Address 1616 N Wells Street

City Chicago State IL Zip Code 60614

Purpose of Disbursement expenses for Chicago PAC event

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.5618

Date of Disbursement

05 / 04 / 2009

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

The Second City

Mailing Address 1616 N Wells Street

City Chicago State IL Zip Code 60614

Purpose of Disbursement refund for Chicago PAC Fundraiser

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.5619

Date of Disbursement

05 / 27 / 2009

Amount of Each Disbursement this Period

-100.00

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

300.00

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

300.00

**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)

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS	Transaction ID: SB23.5575 Date of Disbursement 05 / 19 / 2009
	Mailing Address P.O. Box 550	Amount of Each Disbursement this Period 500.00
	City Vineland State NJ Zip Code 08362	011 Category/ Type
	Purpose of Disbursement contribution Candidate Name LOBIONDO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) Lungren For Congress	Transaction ID: SB23.5567 Date of Disbursement 05 / 19 / 2009
	Mailing Address 9321 Silverbend Lane	Amount of Each Disbursement this Period 500.00
	City Elk Grove State CA Zip Code 95624	011 Category/ Type
	Purpose of Disbursement contribution Candidate Name Lungren For Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) MICA FOR CONGRESS	Transaction ID: SB23.5639 Date of Disbursement 05 / 06 / 2009
	Mailing Address P. O. Box 181546	Amount of Each Disbursement this Period 1000.00
	City Casselberry State FL Zip Code 32718	011 Category/ Type
	Purpose of Disbursement contribution Candidate Name MICA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

2000.00

**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)

PAGE 12 / 12

<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)

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMITTEE <hr/> Mailing Address PO Box 60405 PO Box 60405 <hr/> City Worcester State MA Zip Code 01606 <hr/> Purpose of Disbursement contribution Candidate Name RE-ELECT MCGOVERN COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5640 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) SNOWE FOR SENATE <hr/> Mailing Address P.O. BOX 2006 <hr/> City PORTLAND State ME Zip Code 04104 <hr/> Purpose of Disbursement contribution Candidate Name SNOWE FOR SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5636 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

1500.00

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

3500.00