(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) Check if different than previously reported
P. O. BOX 5524

CITY, STATE and ZIP CODE
ARLINGTON, TEXAS 76005-5524

2. FEC IDENTIFICATION NUMBER
C 00-26-78-49

3. This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) ___ April 15 Quarterly Report

___ July 15 Quarterly Report

___ October 15 Quarterly Report

XX January 31 Year End Report

___ July 31 Mid Year Report (Non-election Year Only)

___ Termination Report

Monthly Report Due On:

___ February 20	___ June 20	___ October 20
___ March 20	___ July 20	___ November 20
___ April 20	___ August 20	___ December 20
___ May 20	___ September 20	___ January 31

Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ___ YES XX NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/93 through 12/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 4,046.00
(b) Cash on Hand at Beginning of Reporting Period	$ 23,470.14	
(c) Total Receipts (from Line 19)	$ 35,243.96	$ 56,668.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$	$
7. Total Disbursements (from Line 30)	$ 3,100.00	$ 5,100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 55,614.10	$ 55,614.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
JOSEPH O. SELLERS, II

Signature of Treasurer
Joseph O. Sellers II

Date
01/31/94

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

FEC FORM 3X
(revised 1/1/91)

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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)

Allied Pilots Association Political Action Commiestt

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Mineta for Congress Committee 1245 S. Winchester Blvd. Ste 314 San Jose, CA 95128	Norm Mineta House Canidate 13th California Disbursement for: [ ] Primary [x] General [ ] Other (specify)	5/5/93	1,000.00
B. Full Name, Mailing Address and ZIP Code Sabo for Congress Committee 2726 Quebec St., NW Washington, DC 20004	Martin Sabo House Canidate 5th Minnesota Disbursement for: [ ] Primary [x] General [ ] Other (specify)	6/25/93	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	2,000.00

Sched A #102
Sched B #103

93030627

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	DATE OF RECEIPT 10-31-95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMH
PREPARER

10-31-95
DATE PREPARED

FEC FORM 70-2 (12/92)

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