



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

JUL 23 1997

C.A. Howlett, Treasurer
America West Airlines Inc. Federal PAC
4000 East Sky Harbor Boulevard
Phoenix, AZ 85034

Identification Number: C00313650

Reference: July Quarterly Report (4/1/96-6/30/96)

Dear Mr. Howlett:

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

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a political committee, other than a multi-candidate committee, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$1,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

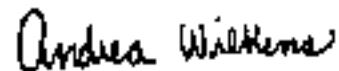
Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the candidate(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

-Please amend your report by providing the purpose for each disbursement itemized on Schedule B supporting Line 23.

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

Sincerely,



Andrea Wilkens
Reports Analyst
Reports Analysis Division

Contributions to Federal Candidates

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)

America West Airlines Federal PAC

96030320901

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Shadegg for Congress P. O. Box 45444 Phoenix, AZ 85064	Reception for John Shadegg, House Candidate, 4th, AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/95	\$200.00
Matt Salmon for Congress 4635 S. Lakeshore Dr., Ste. 105 Tempe, AZ 85282	Reception for Matt Salmon, House Candidate, 1st, AZ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/8/95	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

\$1,200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 2
FOR LINE NUMBER
23

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NAME OF COMMITTEE (in full)

AMERICA WEST AIRLINES, INC. FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN SMOGGS FOR CONGRESS UNITED STATES HOUSE WASHINGTON, D.C. 20515-0304	RECEPTION FOR JOHN SMOGGS, U.S. CONGRESSMAN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/96	500.00
JOHN SMOGGS FOR CONGRESS UNITED STATES HOUSE WASHINGTON, D.C. 20515-0304	RECEPTION FOR JOHN SMOGGS, U.S. CONGRESSMAN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/96	700.00
COMMITTEE TO ELECT CONGRESSMAN PHIL CRANE UNITED STATES HOUSE WASHINGTON, D.C. 20515-1308	RECEPTION FOR PHIL CRANE, U.S. CONGRESSMAN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/96	500.00
COMMITTEE TO REELECT T.P. HAYWARD FOR CONGRESS U.S. HOUSE WASHINGTON, D.C. 20515-0306	RECEPTION FOR T.P. HAYWARD U.S. CONGRESSMAN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/96	500.00
KASICH FOR CONGRESS UNITED STATES HOUSE WASHINGTON, D.C. 20515-3512	RECEPTION FOR JOHN KASICH U.S. CONGRESSMAN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/96	500.00
ARIZONA REPUBLICAN PARTY 3501 N. 24 TH ST. PHOENIX, AZ 85003	RECEPTION FOR REPUBLICAN LEGISLATORS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/96	500.00
BOB STUMP ELECTION COMMITTEE P.O. BOX F TUCSON, AZ 85753	RECEPTION FOR BOB STUMP U.S. CONGRESSMAN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/96	500.00
FRIENDS OF LARRY PRESSLER U.S. SENATE WASHINGTON, D.C. 20510-4101	RECEPTION FOR LARRY PRESSLER U.S. SENATOR Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/96	500.00
THE COMMITTEE TO REELECT SEN. TOM DASCHLE U.S. SENATE WASHINGTON, D.C. 20510-4103	RECEPTION FOR TOM DASCHLE U.S. SENATOR Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/30/96	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AMERICA WEST AIRLINES, INC. FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>REELECT J.D. HAYWARD FOR CONGRESS UNITED STATES HOUSE WASHINGTON, D.C. 20515-0306</i>	<i>RECEPTION FOR J.D. HAYWARD U.S. CONGRESSMAN</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/1/96</i>	<i>250.00</i>
<i>KOLBE 96 U.S. HOUSE WASHINGTON, D.C. 20515-0305</i>	<i>RECEPTION FOR JIM KOLBE U.S. CONGRESSMAN</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/31/96</i>	<i>750.00</i>
<i>SHELBY FOR U.S. SENATE U.S. SENATE WASHINGTON, D.C. 20510-0103</i>	<i>RECEPTION FOR RICHARD SHELBY U.S. SENATOR</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/3/96</i>	<i>500.00</i>
<i>SALMON FOR CONGRESS U.S. HOUSE WASHINGTON, D.C. 20515-0301</i>	<i>RECEPTION FOR MATT SALMON U.S. CONGRESSMAN</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/2/96</i>	<i>850.00</i>
<i>JOHN SHADDEG FOR CONGRESS U.S. HOUSE WASHINGTON, D.C. 20515-0304</i>	<i>RECEPTION FOR JOHN SHADDEG U.S. CONGRESSMAN</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/29/96</i>	<i>600.00</i>
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) _____

7,650.00

