

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 14600 Trinity Blvd Suite 500 Fort Worth TX 76155-2512

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00267849

3. IS THIS REPORT NEW (N) OR AMENDED (A)

### 4. TYPE OF REPORT

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on [MM/DD/YYYY] in the State of [ ]

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on [MM/DD/YYYY] in the State of [ ]

5. Covering Period 01/01/2015 through 06/30/2015

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 PAMELA TORELL, PAC TREASURER

Signature of Treasurer PAMELA TORELL, PAC TREASURER [Electronically Filed] Date 08/20/2015

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="371602.83"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="371602.83"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="75083.92"/>	<input type="text" value="75083.92"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="446686.75"/>	<input type="text" value="446686.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="116500.00"/>	<input type="text" value="116500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="330186.75"/>	<input type="text" value="330186.75"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	7507.00	7507.00
(ii) Unitemized .....	67566.89	67566.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	75073.89	75073.89
(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) .....	75073.89	75073.89
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.).....	10.03	10.03
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 Transfers (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))..... ▶	75083.92	75083.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	75083.92	75083.92

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	116500.00	116500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	116500.00	116500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116500.00	116500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	75073.89	75073.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	75073.89	75073.89
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 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 COMMITTEE**

**A. Michael E. Burr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Valley View Rd  
 City Thomaston State CT Zip Code 06787-1072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Airlines Occupation Airline Pilot  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.128028**  
 Amount of Each Receipt this Period  
 300.00

**B. Robert N. Clyman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6127 Wood Creek Ct  
 City Jupiter State FL Zip Code 33458-2477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Airlines Occupation Airline Pilot  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.128084**  
 Amount of Each Receipt this Period  
 250.00

**C. Robert P. Coffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Fletcher Court  
 City Palm Coast State FL Zip Code 32137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Airlines Occupation Airline Pilot  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.128086**  
 Amount of Each Receipt this Period  
 315.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<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: (check only one)	PAGE 7 OF 31
	<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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Thomas J. Copeland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Las Olas Circle  
 Unit 1116  
 City Fort Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Airlines Occupation Airline Pilot  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.128102**  
 Amount of Each Receipt this Period  
 252.00

**B. Donald C. Cruikshank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7194 Baldwin Ridge Rd  
 City Warrenton State VA Zip Code 20187-9180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Airlines Occupation Airline Pilot  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.128116**  
 Amount of Each Receipt this Period  
 297.00

**C. James S. Ditty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2809 200th Ave E  
 City Lake Tapps State WA Zip Code 98391-9033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Airlines Occupation Airline Pilot  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.128167**  
 Amount of Each Receipt this Period  
 315.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	864.00
<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: (check only one)	PAGE 8 OF 31
	<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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. David D. Durham**  
Full Name (Last, First, Middle Initial)

Mailing Address 1120 Beachwood Ct

City Antioch State IL Zip Code 60002-2835

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.128190**

Amount of Each Receipt this Period  
202.00

**B. Edward D. Finley**  
Full Name (Last, First, Middle Initial)

Mailing Address 1915 NE 214th Ter

City Miami State FL Zip Code 33179-1533

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.128234**

Amount of Each Receipt this Period  
210.00

**C. Kenneth A. Fry**  
Full Name (Last, First, Middle Initial)

Mailing Address 5N853 Harvest Ct

City Saint Charles State IL Zip Code 60175-8241

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.128264**

Amount of Each Receipt this Period  
315.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 727.00

**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: (check only one)	PAGE 9 OF 31
	<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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Joseph C. Garinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 7204 W. Balmoral Ave

City Chicago State IL Zip Code 60656

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.128279

Amount of Each Receipt this Period  
500.00

**B. Carrie N. Giles**  
Full Name (Last, First, Middle Initial)

Mailing Address 4201 Sunset Dr Apt #419

City Spring Park State MN Zip Code 55384-4519

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.128290

Amount of Each Receipt this Period  
300.00

**C. Chad W. Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 503 Zinnia Ct

City Benicia State CA Zip Code 94510-3728

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.128456

Amount of Each Receipt this Period  
450.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**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: (check only one)	PAGE 10 OF 31
	<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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Takaaki Kawai**  
Full Name (Last, First, Middle Initial)

Mailing Address 92 Flintlock Rd

City Madison State CT Zip Code 06443-2424

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.128486**

Amount of Each Receipt this Period  
288.00

**B. J. T. Keeney**  
Full Name (Last, First, Middle Initial)

Mailing Address 2044 WHITE POND CT

City Apex State NC Zip Code 27523-6272

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.128489**

Amount of Each Receipt this Period  
202.00

**C. Daniel W. Land Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Coral Way #1214

City Miami State FL Zip Code 33145-3240

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.128541**

Amount of Each Receipt this Period  
800.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1290.00
<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: (check only one)	PAGE 11 OF 31
	<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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. James E. Perry**  
Full Name (Last, First, Middle Initial)

Mailing Address 4242 NW 2 ST  
Apt W1204

City Miami State FL Zip Code 33126-5405

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2015  
**Transaction ID : SA11AI.128837**

Amount of Each Receipt this Period  
780.00

**B. Steve H. Roach**  
Full Name (Last, First, Middle Initial)

Mailing Address 3551 Rocky Ridge Way

City El Dorado Hills State CA Zip Code 95762-4429

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

Name of Employer American Airlines Occupation Airline Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2015  
**Transaction ID : SA11AI.128917**

Amount of Each Receipt this Period  
315.00

**C. Michael Sheppard**  
Full Name (Last, First, Middle Initial)

Mailing Address 4057 Point Clear Dr

City Tega City State SC Zip Code 29708

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

Name of Employer American Airlines LUS Occupation Pilot

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2015  
**Transaction ID : SA11AI.129340**

Amount of Each Receipt this Period  
300.00

LUS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1395.00

**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: (check only one)	PAGE 12 OF 31
	<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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Brian A. Smith</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.129014</b>		
Mailing Address 27151 Fordham Dr			Amount of Each Receipt this Period 216.00		
City Wesley Chapel	State FL	Zip Code 33543-8734			
FEC ID number of contributing federal political committee. C					
Name of Employer American Airlines		Occupation Airline Pilot			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00			

Full Name (Last, First, Middle Initial) <b>B. Christopher L. Thomas</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.129097</b>		
Mailing Address 469 Lakehurst Ct			Amount of Each Receipt this Period 300.00		
City Fairfield	State CA	Zip Code 94533-1352			
FEC ID number of contributing federal political committee. C					
Name of Employer American Airlines		Occupation Airline Pilot			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) <b>C. Alex E. True</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.129124</b>		
Mailing Address 611 San Antonio Ave			Amount of Each Receipt this Period 300.00		
City Coral Gables	State FL	Zip Code 33146-1320			
FEC ID number of contributing federal political committee. C					
Name of Employer American Airlines		Occupation Airline Pilot			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	816.00
<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 13 OF 31  
(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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph R. Weis**

Mailing Address 1322 NW 112th Ter

City State Zip Code  
Coral Springs FL 33071-6457

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

Name of Employer Occupation  
American Airlines Airline Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015  
**Transaction ID : SA11AI.129181**

Amount of Each Receipt this Period  
300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7507.00

**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)

**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BILL SHUSTER FOR CONGRESS**

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
CK5583

Candidate Name

**BILL SHUSTER FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	13	/	2015

Transaction ID : **SB23.129259**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. BILL SHUSTER FOR CONGRESS**

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
CK 5618

Candidate Name

**BILL SHUSTER FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	15	/	2015

Transaction ID : **SB23.129284**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BLUE DOG POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement  
LEADERSHIP PAC CK 5605

Candidate Name

**BLUE DOG POLITICAL ACTION COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	27	/	2015

Transaction ID : **SB23.129325**

Amount of Each Disbursement this Period

5000.00
---------

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

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)

**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CK 5620

Candidate Name

**BOEHNER FOR SPEAKER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

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

**Transaction ID : SB23.129286**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. CAPUANO FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 440305

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement  
CK 5588

Candidate Name

**CAPUANO FOR CONGRESS COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	5

**Transaction ID : SB23.129368**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. COHEN FOR CONGRESS \***

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement  
CK 5578

Candidate Name

**COHEN FOR CONGRESS \***

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

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

**Transaction ID : SB23.129256**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

9	0	0	0	0	0	0	0	0	0
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9	0	0	0	0	0	0	0	0	0
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**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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. COHEN FOR CONGRESS \***

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement  
CK 5607

Candidate Name

**COHEN FOR CONGRESS \***

Office Sought:  House  
 Senate  
 President  
State: TN District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB23.129272**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 410 1ST ST SE  
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CK 5604

Candidate Name

**COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Office Sought:  House  
 Senate  
 President  
State: CA District: 38

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	5

**Transaction ID : SB23.129364**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. CONYERS FOR CONGRESS 9/08**

Mailing Address 1031 N. Edgewood St.

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
CK 5608

Candidate Name

**CONYERS FOR CONGRESS 9/08**

Office Sought:  House  
 Senate  
 President  
State: MI District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB23.129273**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0



**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)

**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. COSTELLO FOR CONGRESS 1203**

Mailing Address P. O. Box 8250

City State Zip Code  
Belleville IL 62222

Purpose of Disbursement  
CK 5626

Candidate Name

**COSTELLO FOR CONGRESS 1203**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

**Transaction ID : SB23.129291**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. CURBELO, CARLOS FOR CONGRESS**

Mailing Address 8770 SUNSET DRIVE #355

City State Zip Code  
MIAMI FL 33173

Purpose of Disbursement  
CK 5627

Candidate Name

**CURBELO, CARLOS FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

**Transaction ID : SB23.129370**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. DEB FISCHER FOR US SENATE INC**

Mailing Address 5555 SOUTH ST

City State Zip Code  
LINCOLN NE 68506

Purpose of Disbursement  
CK 5600

Candidate Name

**DEB FISCHER FOR US SENATE INC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

**Transaction ID : SB23.129371**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

2	5	0	0	0	0	0	0	0	0

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

2	5	0	0	0	0	0	0	0	0

**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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DEFAZIO FOR CONGRESS \***

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement  
CK 5611

Candidate Name  
**DEFAZIO FOR CONGRESS \***

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OR District: 04

Date of Disbursement

/  /

**Transaction ID : SB23.129275**

Amount of Each Disbursement this Period

**B. EDDIE BERNICE JOHNSON \***

Full Name (Last, First, Middle Initial)

Mailing Address 6 E Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
CK5581

Candidate Name  
**EDDIE BERNICE JOHNSON \***

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 30

Date of Disbursement

/  /

**Transaction ID : SB23.129258**

Amount of Each Disbursement this Period

**C. EDDIE BERNICE JOHNSON \***

Full Name (Last, First, Middle Initial)

Mailing Address 6 E Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
CK 5598

Candidate Name  
**EDDIE BERNICE JOHNSON \***

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 30

Date of Disbursement

/  /

**Transaction ID : SB23.129268**

Amount of Each Disbursement this Period

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

**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)

**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EDDIE BERNICE JOHNSON \***

Mailing Address 6 E Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
CK 5613

Candidate Name

**EDDIE BERNICE JOHNSON \***

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 30

Date of Disbursement

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

**Transaction ID : SB23.129277**

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. ELECT BLAKE FARENTHOLD COMMT 2011**

Mailing Address P.O. BOX 3369

City CORPUS CHRISTI State TX Zip Code 78463

Purpose of Disbursement  
CK 5589

Candidate Name

**ELECT BLAKE FARENTHOLD COMMT 2011**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	5

**Transaction ID : SB23.129264**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVE JOYCE**

Mailing Address 320 KENARDEN DRIVE

City CLEVELAND State OH Zip Code 44143

Purpose of Disbursement  
CK 5625

Candidate Name

**FRIENDS OF DAVE JOYCE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

**Transaction ID : SB23.129290**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

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

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

3	5	0	0	0	0
---	---	---	---	---	---

3	5	0	0	0	0
---	---	---	---	---	---

**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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM INHOFE**

Mailing Address PO BOX 13300

City OKLAHOMA CITY State OK Zip Code 73113

Purpose of Disbursement  
CK 5624

Candidate Name  
**FRIENDS OF JIM INHOFE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

**Transaction ID : SB23.129289**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GRAVES FOR CONGRESS \***

Mailing Address 1900 Frederick Blvd

City St Joseph State MO Zip Code 64501

Purpose of Disbursement  
CK 5593

Candidate Name  
**GRAVES FOR CONGRESS \***

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MO District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

**Transaction ID : SB23.129278**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. HOOSIERS FOR ROKITA, INC.**

Mailing Address 314 ARSENAL AVE.

City INDIANAPOLIS State IN Zip Code 46201

Purpose of Disbursement  
CK 5594

Candidate Name  
**HOOSIERS FOR ROKITA, INC.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IN District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

**Transaction ID : SB23.129372**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HOYER FOR CONGRESS**

Mailing Address 7905 MALCOLM ROAD SUITE 102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement  
CK 5612

Candidate Name  
**HOYER FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MD District: 05

Date of Disbursement

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

**Transaction ID : SB23.129276**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. HUFFMAN FOR CONGRESS 2014**

Mailing Address PO BOX 151563

City SAN RAFAEL State CA Zip Code 94915

Purpose of Disbursement  
CK 5585

Candidate Name  
**HUFFMAN FOR CONGRESS 2014**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 02

Date of Disbursement

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

**Transaction ID : SB23.129373**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. IMPACT**

Mailing Address 192 LEXINGTON AVE.  
SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
LEADERSHIP PAC CK 5595

Candidate Name  
**IMPACT**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

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

**Transaction ID : SB23.129321**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
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**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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JAIME FOR CONGRESS \***

Mailing Address PO BOX 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement  
CK 5590

Candidate Name  
**JAIME FOR CONGRESS \***

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2015

Transaction ID : **SB23.129265**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN J. DUNCAN FOR CONGRESS \***

Mailing Address PO BOX 2646

City Knoxville State TN Zip Code 37901

Purpose of Disbursement  
CK 5623

Candidate Name  
**JOHN J. DUNCAN FOR CONGRESS \***

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2015

Transaction ID : **SB23.129288**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOHNSON FOR CONGRESS**

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement  
CK5586

Candidate Name  
**JOHNSON FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2015

Transaction ID : **SB23.129262**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5500.00
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**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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LARSON FOR CONGRESS**

Mailing Address PO BOX 479

City State Zip Code  
GLASTONBURY CT 06033

Purpose of Disbursement  
CK 5602

Candidate Name  
**LARSON FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

**Transaction ID : SB23.129270**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. LIPINSKI, DANIEL WILLIAM**

Mailing Address P O Box 520

City State Zip Code  
WESTERN SPRINGS IL 60558

Purpose of Disbursement  
CK 5603

Candidate Name  
**LIPINSKI, DANIEL WILLIAM**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

**Transaction ID : SB23.129271**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LOBIONDO FOR CONGRESS**

Mailing Address PO BOX 775

City State Zip Code  
MARMORA NJ 08223

Purpose of Disbursement  
CK5615

Candidate Name  
**LOBIONDO FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2015

**Transaction ID : SB23.129281**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 3241

City State Zip Code  
CHEYENNE WY 82003

Purpose of Disbursement  
LEADERSHIP PAC CK 5581

Candidate Name  
MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

Transaction ID : SB23.129315

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MARC VEASEY CONGRCAPIGAIN COMM**

Mailing Address PO BOX 50084

City State Zip Code  
FORT WORTH TX 76105

Purpose of Disbursement  
CK5584

Candidate Name  
MARC VEASEY CONGRCAPIGAIN COMM

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 33

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

Transaction ID : SB23.129261

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MARC VEASEY CONGRCAPIGAIN COMM**

Mailing Address PO BOX 50084

City State Zip Code  
FORT WORTH TX 76105

Purpose of Disbursement  
CK 5619

Candidate Name  
MARC VEASEY CONGRCAPIGAIN COMM

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 33

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

Transaction ID : SB23.129285

Amount of Each Disbursement this Period

4000.00

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

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

7500.00





**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)

**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PETE SESSIONS FOR CONGRESS 2011**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
CK 5617

Candidate Name

**PETE SESSIONS FOR CONGRESS 2011**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2015

**Transaction ID : SB23.129283**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. POE FOR CONGRESS**

Mailing Address P.O. BOX 14222

City HUMBLE State TX Zip Code 77347

Purpose of Disbursement  
CK 5629

Candidate Name

**POE FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2015

**Transaction ID : SB23.129292**

Amount of Each Disbursement this Period

1,000.00
----------

Full Name (Last, First, Middle Initial)

**C. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 1986

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement  
CK 5632

Candidate Name

**PRICE FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2015

**Transaction ID : SB23.129294**

Amount of Each Disbursement this Period

1,500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7,500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)

**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement  
CK 5597

Candidate Name

**RODNEY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

**Transaction ID : SB23.129267**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement  
CK 5610

Candidate Name

**RODNEY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

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

**Transaction ID : SB23.129274**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. ROSKAM FOR CONGRESS COMMT\***

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement  
CK 5616

Candidate Name

**ROSKAM FOR CONGRESS COMMT\***

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

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

**Transaction ID : SB23.129282**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SANFORD FOR CONGRESS**

Mailing Address P. O. BOX 160

City SULLIVANS ISLAND State SC Zip Code 29482

Purpose of Disbursement CK 5631

Candidate Name  
**SANFORD FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: SC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2015

Transaction ID : **SB23.129377**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. SHERMAN FOR CONGRESS**

Mailing Address 777 S. FIGUEROA ST., STE. 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement CK 5622

Candidate Name  
**SHERMAN FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	20	/	2015

Transaction ID : **SB23.129287**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. TUESDAY GROUP PAC**

Mailing Address P. O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement LEADERSHIP PAC CK 5596

Candidate Name  
**TUESDAY GROUP PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2015

Transaction ID : **SB23.129266**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)

**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ZELDIN FOR CONGRESS**

Mailing Address 47 FLINTLOCK DRIVE

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement  
CK 5592

Candidate Name

**ZELDIN FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

**Transaction ID : SB23.129378**

Amount of Each Disbursement this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00
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116500.00
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