

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 OF 439

(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			

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)

**National Air Traffic Controllers Association PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Corcoran, Frank, , Mr.,**

Mailing Address 48 Massapequa Ave

City  
MassapequaState  
NYZip Code  
11758-6428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Federal Aviation AdministrationOccupation (for Individual)  
Air Traffic Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2019

**Transaction ID : PR911669953599**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walser, Rebecca, L., Ms.,**

Mailing Address 9271 Kirtley Trl

City  
CulpeperState  
VAZip Code  
22701-8158FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Federal Aviation AdministrationOccupation (for Individual)  
Air Traffic Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2019

**Transaction ID : PR911673953599**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Szymkiewicz, Robert, H., Mr.,**

Mailing Address 702 E 9th St

City  
CharlotteState  
NCZip Code  
28202-3102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Federal Aviation AdministrationOccupation (for Individual)  
Staff Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2019

**Transaction ID : PR911674953599**

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00