

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 681 OF 681

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

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)

**Air Line Pilots Association PAC**

Full Name (Last, First, Middle Initial)

**A. Davis, Ryan, E, ,**

Mailing Address 1915 2nd Avenue #1909

City  
SeattleState  
WAZip Code  
98101-3162Purpose of Disbursement  
Refund of contributions

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

010

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 02    |   | 2019      |

FEC Identification Number

C

**Transaction ID : 17100649**

Amount of Each Disbursement this Period

60.00

Refund of contributions

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kenney, Christopher, M, ,**

Mailing Address 16 Idyllwood Drive

City  
BrentwoodState  
NHZip Code  
03833-6640Purpose of Disbursement  
Refund of voluntary contributions deducted

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

010

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 24    |   | 2019      |

FEC Identification Number

C

**Transaction ID : 17161246**

Amount of Each Disbursement this Period

500.00

Refund of voluntary contributions  
deducted☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARTIN, David, , ,**

Mailing Address 11341 Crescent Drive

City  
FairfaxState  
VAZip Code  
22030-5535Purpose of Disbursement  
Refund of contributions

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

010

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 24    |   | 2019      |

FEC Identification Number

C

**Transaction ID : 17161247**

Amount of Each Disbursement this Period

216.84

Refund of contributions

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

776.84

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

776.84