

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 JAN 23 A 11:39
Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines. 12 FEB 4 2004

ASSOCIATION OF PROFESSIONAL
FLIGHT ATTENDANTS

ADDRESS (number and street) 1004 W. EULESS BLVD

Check if different than previously reported. (ACC) EULESS TX 76040

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00246971

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 01/01/2003 through 12/31/2003

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 Juan Johnson

Signature of Treasurer [Signature] Date 01/22/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5457g

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2008)

Page 2

Write or Type Committee Name

Association of Professional Flight Attendants, Inc.

Report Covering the Period:

From: 07 01 2003 To: 12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2003	5,596.91	5,596.91
(b) Cash on Hand at Beginning of Reporting Period	4,866.58	
(c) Total Receipts (from Line 19)	12,488.42	24,148.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17,355.00	30,645.30
7 Total Disbursements (from Line 31)	4,750.00	18,040.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12,605.00	12,605.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	0

This committee has qualified as a multiscandidate 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. 02/2003)

Write or Type Committee Name

Association of Professional Flight Attendants PAC

Report Covering the Period:

From:

07 01 2003

To:

12 31 2003

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)

48000

(ii) Unitemized

1200842

(iii) TOTAL (add

Lines 11(a)(i) and (ii)

1248842

2474839

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) Total Contributions (add Lines

11(a)(i), (b), and (c) (Carry

Totals to Line 38, page 5)

1248842

2474839

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

17. Other Federal Receipts (Dividends, Interest, etc.)

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3)

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))

1248842

2474839

20. Total Federal Receipts (subtract Line 16(c) from Line 19)

1248842

2474839

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 08/2003)

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		1530
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		1530
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	350000	455000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(c)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	125000	347500
30. Federal Election Activity (2 U.S.C. §49120)		
(a) Allocated Federal Election Activity (from Schedule H4)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(c), 29 and 30(c))	475000	1804030
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	475000	1804030

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	12,488.42	24,748.39
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	12,488.42	24,748.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	1,530
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 36 from Line 35)	-1,733.42	-670.339

**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 1 OF 2	
<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)

Association of Professional Flight Attendants PAC

Full Name (Last, First, Middle Initial)

A. *Leung, Suzanne*

Mailing Address

9702 Winking River Dr.

City *Ft Worth*

State *Tx* Zip Code *76118*

FEC ID number of contributing federal political committee

C10246481

Name of Employer

American Airlines

Occupation

Flight Attendant

Receipt For

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

Semi monthly payroll deductions

11/15/11

Amount of Each Receipt this Period

1000

Total this period *\$100.00*

Full Name (Last, First, Middle Initial)

B. *Carline, Julie*

Mailing Address

500 NE 20th St, Apt 1006

City *Wilton Manors*

State *FL* Zip Code *33315*

FEC ID number of contributing federal political committee

C10246481

Name of Employer

American Airlines

Occupation

Flight Attendant

Receipt For

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

Semi monthly payroll deductions

11/15/11

Amount of Each Receipt this Period

1000

Total this period *\$100.00*

Full Name (Last, First, Middle Initial)

C. *Simevoli, Berni*

Mailing Address

1 Plaza St W, Apt 50

City *Brooklyn*

State *Ny* Zip Code *11217*

FEC ID number of contributing federal political committee

C10246481

Name of Employer

American Airlines

Occupation

Flight Attendant

Receipt For

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

Semi monthly payroll deductions

11/15/11

Amount of Each Receipt this Period

1000

Total this period *\$100.00*

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

360.00

**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 2 OF 2

<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)

Association of Professional Flight Attendants Inc.

Full Name (Last, First, Middle Initial)

A. Leonhardt, Tony

Mailing Address

1885 Sunset Plaza Dr.

City

Los Angeles

State

CA

Zip Code

90069

FEC ID number of contributing federal political committee.

C100246421

Name of Employer

American Airlines

Occupation

Flight Attendant

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

Specify monthly payment reductions

--	--	--

Amount of Each Receipt this Period

--	--	--

Total this period \$120.00

Full Name (Last, First, Middle Initial)

B. 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

--	--	--

Amount of Each Receipt this Period

--	--	--

Full Name (Last, First, Middle Initial)

C. 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

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Amount of Each Receipt this Period

--	--	--

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

480.00

**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)

PAGE 1 OF 4

<input type="checkbox"/> 27	<input type="checkbox"/> 21	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	20a	20b	20c	20	20b

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NAME OF COMMITTEE (In full)

Association of Professional Flight Attendants PAC

Full Name (Last, First, Middle Initial)

Mica for Congress

Mailing Address

P.O. Box 181546

City

Casselberry

State

FL

Zip Code

32718

Purpose of Disbursement

John Mica

Candidate Name

John Mica

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

09 23 2003

Amount of Each Disbursement this Period

150.00

B.

Friends of Jim Oberstar

Mailing Address

424 Warren Street NW

City

Washington

State

DC

Zip Code

20001

Purpose of Disbursement

Jim Oberstar

Candidate Name

Jim Oberstar

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

09 25 2003

Amount of Each Disbursement this Period

500.00

C.

Senator Barbara Boxer

Mailing Address

229 Massachusetts Avenue NE #101

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Barbara Boxer

Candidate Name

Barbara Boxer

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

09 25 2003

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1,250.00

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)

PAGE 2 OF 4

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 29a	<input checked="" type="checkbox"/> 23 29b	<input type="checkbox"/> 24 29c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (in Full)

Association of Professional Flight Attendants PAC

Full Name (Last, First, Middle Initial)

Quinn for Congress

Mailing Address

P.O. Box 14

City

Buffalo

State

NY

Zip Code

14205

Purpose of Disbursement

Jack Quinn

Candidate Name

Jack Quinn

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

04 25 2003

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

A lot of People Supporting Tom Daschle

Mailing Address

424 C Street NE, 1st Floor

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Tom Daschle

Candidate Name

Tom Daschle

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

04 25 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

Ellen Tauscher for Congress

Mailing Address

503 Capitol Court NE, Suite 100

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Ellen Tauscher

Candidate Name

Ellen Tauscher

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

04 25 2003

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page 194 line number only)

1,000.00

**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)		PAGE 3 OF 4	
<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 28	<input type="checkbox"/> 28
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a

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NAME OF COMMITTEE (in Full)
Association of Professional Flight Attendants PAC

A

Full Name (Last, First, Middle Initial) *Castello for Congress*

Date of Disbursement *09 25 2003*

Mailing Address *P.O. Box 8450*

City *Bellefonte* State *PA* Zip Code *16823*

Purpose of Disbursement *Jerry Castello*

Candidate Name *Jerry Castello* Category Type *011*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: District:

Amount of Each Disbursement this Period *250.00*

B

Full Name (Last, First, Middle Initial) *Louise Slaughter Re-Election Committee*

Date of Disbursement *09 25 2003*

Mailing Address *P.O. Box 366*

City *Fairport* State *PA* Zip Code *17450*

Purpose of Disbursement *Louise Slaughter*

Candidate Name *Louise Slaughter* Category Type *011*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: District:

Amount of Each Disbursement this Period *250.00*

C

Full Name (Last, First, Middle Initial) *Max Sandlin for Congress*

Date of Disbursement *09 25 2003*

Mailing Address *227 Massachusetts Ave NE, Suite 101*

City *Washington* State *DC* Zip Code *20002*

Purpose of Disbursement *Max Sandlin*

Candidate Name *Max Sandlin* Category Type *011*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: District:

Amount of Each Disbursement this Period *250.00*

SUBTOTAL of Disbursements This Page (optional) *750.00*

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)						PAGE 4 OF 4
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 22a	<input checked="" type="checkbox"/> 23 23b	<input type="checkbox"/> 24 24c	<input type="checkbox"/> 25 25	<input type="checkbox"/> 26 26b	

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NAME OF COMMITTEE (in Full)
Association of Professional Flight Attendants PAC

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____
Clark for President

City _____ State _____ Zip Code _____
Little Rock AR 72203

Purpose of Disbursement _____

Candidate Name _____
Wesley Clark

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: *03 12 2003*

Amount of Each Disbursement this Period: *500.00*

Category/Type: *011*

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: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

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: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

SUBTOTAL of Disbursements This Page (optional) *500.00*

TOTAL This Period (last page this line number only) *3500.00*

**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)

PAGE 3 OF 3

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 27a	<input type="checkbox"/> 27b	<input type="checkbox"/> 27c	<input checked="" type="checkbox"/> 28	<input type="checkbox"/> 29
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NAME OF COMMITTEE (to File)

Association of Professional Flight Attendants PAC

Full Name (Last, First, Middle Initial)

A

Democratic National Committee Women's Leadership Forum

Mailing Address: 430 S. Capitol St. SE

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: Contribution

Candidate Name: [Blank]

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

09 25 2003

Amount of Each Disbursement this Period

125000

Full Name (Last, First, Middle Initial)

B.

[Blank]

Mailing Address: [Blank]

City: [Blank] State: [Blank] Zip Code: [Blank]

Purpose of Disbursement: [Blank]

Candidate Name: [Blank]

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

[Blank]

Amount of Each Disbursement this Period

[Blank]

Full Name (Last, First, Middle Initial)

C.

[Blank]

Mailing Address: [Blank]

City: [Blank] State: [Blank] Zip Code: [Blank]

Purpose of Disbursement: [Blank]

Candidate Name: [Blank]

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

[Blank]

Amount of Each Disbursement this Period

[Blank]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

125000

125000

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.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt <i>1-23-04</i>
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked _____ or/for Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>JK</i> PREPARER		<i>1-23-04</i> DATE PREPARED