

# APFA

## BOARD OF DIRECTORS MEETING

### FALL BOARD OF DIRECTORS MEETING

October 22-23, 2014

Embassy Suites Downtown Fort Worth  
Fort Worth, TX

|                        |                  |
|------------------------|------------------|
| Resolution Tally Sheet | Resolution #: 1a |
|                        | Maker: Pharr     |
|                        | Second: Bossi    |
|                        | Date: 10/22/2014 |
|                        | Time: 9:51 a.m.  |

Resolution Name: Amend the Agenda

AFFECTS POLICY MANUAL:

|             |               |                  |
|-------------|---------------|------------------|
| YES = Yes   | ABS = Abstain | PXY = Proxy Vote |
| NO = No     | N/A = Absent  | REC = Recuse     |
| PASS = Pass |               |                  |

COMMENTS:

|      | BOS                                 | BOSS                                | CLT                                 | DCAA                                | DCAUS                               | DFW                                 | IDF                                 | JFK                                 | LAX                                 | LAXI                                | LGA                                 | MAA                                 | IMA                                 | ORD                                 | IOR                                 | PHL                                 | PHX                                 | RDCU                                | SFO                                 | STL                                 | PRES<br>—<br>Tie-Breaker |
|------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|      | Denmark                             | Vargas                              | Bossi                               | Valenta                             | Britton                             | O'Kelley                            | Bedwell                             | Lewis                               | Nikides                             | Ransom                              | Casadey                             | Moyer                               | Trautman                            | Breckenridge                        | Pinkowski                           | Kaswinkel                           | Lehman                              | MacPherson                          | Salas                               | Foust                               | Glading                  |
| YES  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NO   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| PASS | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| ABS  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| N/A  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| PXY  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| REC  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

YES: 18      NO: 2      ABSTAIN: 0      ABSENT: 0

Status: *Passed*       *Failed*       *Tabled*       *Withdrawn*       *Show of Hands*

I move to amend the agenda to include:

Under President's Report, move IT/Implementation to the top  
move Merger Update directly beneath IT/Implementation

Under Vice President's Report add: Purser Requalification

D/A

**APFA**  
**BOARD OF DIRECTORS MEETING**

|                         |                                      |           |       |
|-------------------------|--------------------------------------|-----------|-------|
| Under New Business add: | 40 Hour Side Letter (under PM Sect.) | Britton   | I/D/A |
|                         | Health/IOD Department                | Bedwell   | D/A   |
|                         | Bid Run Award                        | Bedwell   | D     |
|                         | Conference Call                      | O'Kelley  | D     |
|                         | LUS FCFS                             | Kaswinkle | D     |
|                         | Retiree Health Benefits              | Casadey   | D/A   |
|                         | AHROD                                | Casadey   | D/A   |
|                         | T/A Call Center Staffing             | Bossi     | D     |
|                         | Satellite Bases                      | Nikides   | D     |
|                         | E-Mail                               | Vargas    | D     |
|                         | Fall Offs/Leaving Domicile           | Moyer     | I/D/A |