

2005 MAR 24 P 12:18

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

SabrePAC Sabrelinen Corporation Political Action Committee

ADDRESS (number and street)

7733 Forsyth Blvd., Ste. 1500

(Check if address
is changed)

St. Louis

MO

63105

1821

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

314 - 863 - 6774

2. DATE

MM / DD / YYYY
03 / 15 / 2005

3. FEC IDENTIFICATION NUMBER ▶

C 00178053

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael V. McKay

Signature of Treasurer

Michael V. McKay

Date

MM / DD / YYYY
03 / 15 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Sabreliner Corporation _____

Mailing Address 7733 Forsyth Blvd., Ste. 1500 _____

St. Louis MO 63105 - 1821 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

SabrePAC Sabreliner Corporation Political Action Committee

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name | Mary, Ann Rutledge |

Mailing Address | Sabreliner Corporation |

| 7733 Forsyth Blvd., Ste. 1500 |

| St. Louis | | MO | | 63105 | - | 1821 |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Assistant Treasurer |

Telephone number | 314 | - | 863 | - | 6880 |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer | Michael V. McKay |

Mailing Address | Sabreliner Corporation |

| 7733 Forsyth Blvd., Ste. 1500 |

| St. Louis | | MO | | 63105 | - | 1821 |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Treasurer |

Telephone number | 314 | - | 863 | - | 6880 |

Full Name of Designated Agent | Mary Ann Rutledge |

Mailing Address | Sabreliner Corporation |

| 7733 Forsyth Blvd., Ste. 1500 |

| St. Louis | | MO | | 63105 | - | 1821 |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Assistant Treasurer |

Telephone number | 314 | - | 863 | - | 6880 |

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US Bank

Mailing Address

P.O. Box 1800

St. Paul MN 55101-0800

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JAC
 PREPARER
 (3/2005)

3/24/05
 DATE PREPARED

25030762085