

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Agricultural Aviation Association
PAC (AgAA PAC)

ADDRESS (number and street) Check if different than previously reported
1005 E. Street, SE

CITY, STATE and ZIP CODE
Washington, D.C. 20003

2. FEC IDENTIFICATION NUMBER
C00341701

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

JUL 16 1 37 PM '99

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>January 29, 1999 through June 30, 1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 0.00	
(c) Total Receipts (from Line 19)	\$ 2,500.00	\$ 2,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2,500.00	\$ 2,500.00
7. Total Disbursements (from Line 20)	\$ 0.00	\$ 0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,500.00	\$ 2,500.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
Albert Schiffer

Signature of Treasurer
Albert Schiffer

Date
July 31, 1999

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

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <i>National Agricultural Aviation PAC (AAV PAC)</i>		REPORT COVERING PERIOD FROM <i>4/1/99</i> TO <i>6/30/99</i>	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		2,500.00	2,500.00
ii. Unitemized		0.00	0.00
iii. Total (add i and ii) >		2,500.00	2,500.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions (add a ii, b and c) >		2,500.00	2,500.00
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		2,500.00	2,500.00
20. Total Federal Receipts (subtract line 18 from line 19) >		2,500.00	2,500.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	0.00
b. Other Federal Operating Expenditures		0.00	0.00
c. Total Operating Expenditures (add a i, ii, and b) >		0.00	0.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		0.00	0.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >		0.00	0.00
29. Other Disbursements		0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		0.00	0.00
31. Total Federal Disbursements (subtract line 21 a, ii from line 30) >		0.00	0.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		2,500.00	2,500.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		2,500.00	2,500.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 4
FOR LINE NUMBER 112(1)

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 Agricultural Aviation Association PAC (AgAv PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Schiffer 3473 N. Sheppardsville Ovid, MI 48866	Al's Aerial Spraying	2/5/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AgAv PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Moore 4415 Raleigh Ave., #403 Alexandria, VA 22304	National Agricultural Aviation Assoc.	2/10/99 - 50.00 2/25/99 - 40.00	50.00 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AgAv PAC	Occupation: Lobbyist	Aggregate Year-to-Date > \$ 40.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allen Olson Rt 1 Box 67-a Elm Creek, NE 68336-9610	Olson Air Service	2/3/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AgAv PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 150.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Adams P.O. Box 308 Scunthorpe, MO 63876	Scunth Aviation	2/17/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AgAv PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail Keiper 3177 N. Yellowstone Idaho Falls, ID 83401	—	2/2/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AgAv PAC	Occupation: —	Aggregate Year-to-Date > \$ 50.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles & Shelly Trowler P.O. Box 530 Scobary, MT 59263-0530	—	2/1/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AgAv PAC	Occupation: —	Aggregate Year-to-Date > \$ 50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Slaughter Rt. 2 Box 254 Falmville, NC 27928	Wahl Aviation	2/6/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AgAv PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 50.00	

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 8

FOR LINE NUMBER

11000

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NAME OF COMMITTEE (In Full)

National Agricultural Aviation Association PAC (AAJ PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale + Joleen Trajdt 1605 e. 14th Road Aurora, NE 68815	Trajdt Aerial Service	2/5/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AAJ PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dallas Satter P.O. Box 333 Flagler, CO 80815-0333	Flagler Aerial Spraying	1/29/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AAJ PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 50.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darrell Fley 1301 Stanley Cocoran, CA 93202	Lakeland Dusters	2/19/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AAJ PAC	Occupation: _____	Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy S. Kimmel 511 Grand Blvd. Greenwood, MS 38930	Kimmel Aviation Insurance	2/3/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AAJ PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doug + Judy Chanay 2402 Koster Garden City, KS 67846	Chanay Aircraft Service	2/5/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AAJ PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 50.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ed Newberg 78960 State Hwy 4 Heater, MA 55342	Newberg Sky Spray	2/8/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AAJ PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Boillot 6166 Vine Forest Ct. Falls Church, VA 22044	National Agricultural Aviation Assoc.	2/19/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): AAJ PAC	Occupation: Exec. Director	Aggregate Year-to-Date > \$ 50.00	

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 4
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Agricultural Aviation Association (Ag Av - PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James & Catherine Kowiczak W 9646 Richards Road Lodi, WI 53555 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Ag Av PAC</u>	Kaz's Flying Service Occupation: <u>self-employed</u> Aggregate Year-to-Date > \$ <u>150.00</u>	1/31/99	150.00
Jay Morris 12089 Lopez Canyon #203 San Fernando, CA 91340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Ag Av PAC</u>	Moran's Flying Service Occupation: <u>self-employed</u> Aggregate Year-to-Date > \$ <u>50.00</u>	1/30/99	50.00
Joan & Harold Miller 414 Holiday Dr. Sandwich, IL 60544 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Ag Av PAC</u>	Hadd's Flying Service Occupation: <u>self-employed</u> Aggregate Year-to-Date > \$ <u>50.00</u>	1/29/99	50.00
John Cooper 1121 8th Rspert, ID 83350 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Ag Av PAC</u>	Ag-Air, Inc. Occupation: <u>self-employed</u> Aggregate Year-to-Date > \$ <u>60.00</u>	2/19/99	60.00
John O'Connell 24024 - 405th Ave. Letcher, SD 57359-6119 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Ag Av PAC</u>	MS Aviation Inc. Occupation: <u>self-employed</u> Aggregate Year-to-Date > \$ <u>50.00</u>	2/15/99	50.00
John Paw P.O. Box 266 Coolidge, AZ 85228 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Ag Av PAC</u>	Sacita Aerial Contractors Occupation: <u>self-employed</u> Aggregate Year-to-Date > \$ <u>50.00</u>	2/19/99	50.00
Ken Depp 79 Bowler Circle Hillsboro, OR 97124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Ag Av PAC</u>	WLS Flying Service Occupation: <u>self-employed</u> Aggregate Year-to-Date > \$ <u>50.00</u>	2/4/99	50.00

SUBTOTAL of Receipts This Page (optional) 460.00

TOTAL This Period (last page this line number only) 2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 8
FOR LINE NUMBER 116(C)

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NAME OF COMMITTEE (in Full)

National Agricultural Aviation Association (AgAv PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Kyle Scott RR 2, Box 14 Morris, MN 56267</u>	<u>_____</u>	<u>2/16/99</u>	<u>50.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>AgAv PAC</u>	Occupation: <u>Pilot</u>	Aggregate Year-to-Date > \$ <u>50.00</u>	
<u>Marc Mullis P.O. Box 7832 Pine Bluff, AR 71611</u>	<u>Ag Air Inc.</u>	<u>2/18/99</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>AgAv PAC</u>	Occupation: <u>self-employed</u>	Aggregate Year-to-Date > \$ <u>100.00</u>	
<u>Marc Jacobson 24028-405th Ave Hatcher, SD 57329-6119</u>	<u>MS Aviation</u>	<u>2/15/99</u>	<u>50.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>AgAv PAC</u>	Occupation: <u>crop advisor</u>	Aggregate Year-to-Date > \$ <u>50.00</u>	
<u>Mark Hartz 275 Airport Road Almyra, AR 72003</u>	<u>Grand Prairie Dusters</u>	<u>2/3/99</u>	<u>50.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>AgAv PAC</u>	Occupation: _____	Aggregate Year-to-Date > \$ <u>50.00</u>	
<u>Mike Schiffer 3473 N. Shepardsville Ovid, MI 48866</u>	<u>Al's Aerial Spraying</u>	<u>2/5/99</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>AgAv PAC</u>	Occupation: <u>self-employed</u>	Aggregate Year-to-Date > \$ <u>100.00</u>	
<u>Zoea D'Brien 616 S. Thompson Ave. Iowa, IA 70647</u>	<u>O'Brien Flying Service</u>	<u>2/9/99</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>AgAv PAC</u>	Occupation: <u>self-employed</u>	Aggregate Year-to-Date > \$ <u>100.00</u>	
<u>Mylor & Sandy Forstrom 718 E. Southview Colfax, WA 99111</u>	<u>_____</u>	<u>1/31/91</u>	<u>50.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>AgAv PAC</u>	Occupation: _____	Aggregate Year-to-Date > \$ <u>50.00</u>	

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only) 2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 8
FOR LINE NUMBER 116(i)

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NAME OF COMMITTEE (in Full)

National Agricultural Aviation Association (AgAv PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Orlinda Julia Lewis 222 S. Monroe Lewisville, ID 83431		2/1/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Ag Av PAC	Occupation	Aggregate Year-to-Date > \$ 50.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Reed 490 Airport Road Mattoon, IL 61938	Reed's Ag-Dr. Farming	2/8/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Ag Av PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 50.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Sue Packer 5266 Mooney Road Radnor, OH 43066	Packer Aviation	1/30/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Ag Av PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Hoistad P.O. Box 221 Forman, ND 58032	Hoistad's Flying Service	2/19/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Ag Av PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Bailey 1926 Shawnee Trail Dallas, TX 75022	Bailey Flying Service	2/19/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Ag Av PAC	Occupation	Aggregate Year-to-Date > \$ 50.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandy Lee 2249 Community Drive Waldorf, MD 20601	National Agricultural Aviation Association	2/1/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Ag Av PAC	Occupation: Director of Finance	Aggregate Year-to-Date > \$ 50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Mundell RR1 Box 122 R05424, OK 73855	Mundell Enterprises	2/19/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Ag Av PAC	Occupation	Aggregate Year-to-Date > \$ 50.00	

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 8

FOR LINE NUMBER

11(a)(i)

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NAME OF COMMITTEE (in Full)

National Agricultural Aviation Association (AgAvPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Avery 130 East Road Savannah, NY 13146	Savannah Agri-Air Inc.	2/5/99	15000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Ag Av PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 150.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Schritz P.O. Box 377 Hudson, IL 61748-0377	Schritz Aerial Service	1/31/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Ag Av PAC	Occupation: self-employed	Aggregate Year-to-Date > \$ 50.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

2,500.00

