

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

<b>1. NAME OF COMMITTEE</b> National Business Aviation Association Inc Political Action Cmte.	
<b>ADDRESS</b> 1200 18th Street, NW, Suite 400	<b>2. FEC Identification Number</b> C00319723
<b>CITY, STATE, ZIP</b> Washington, DC 20036	<b>3.</b> <input type="checkbox"/> This committee has qualified as a multi-candidate committee.

**4. TYPE OF REPORT**

(a)  April 15th Quarterly Report

July 15th Quarterly Report

October 15th Quarterly Report

January 31st Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

**Monthly Report Due On:**

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> Oct. 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> Nov. 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> Dec. 20
<input type="checkbox"/> May 20	<input type="checkbox"/> Sept. 20	<input type="checkbox"/> Jan. 31

Twelfth day report preceding election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is This Report an Amendment?

Yes  No

**SUMMARY**

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
01/01/97 through 06/30/97		
6. (a) Cash on Hand January 1, 1997		2,015.21
(b) Cash on Hand at Beginning of Reporting Period	2,015.21	
(c) Total Receipts (from Line 19)	1,272.00	1,272.00
(d) Subtotal	3,287.21	3,287.21
7. Total Disbursements (from Line 30)	3,011.00	3,011.00
8. Cash on Hand at Close of Reporting Period	276.21	276.21
9. Debts and Obligations Owed TO the Committee	0.00	For Further Information Contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3480
10. Debts and Obligations Owed BY the Committee	0.00	

*I certify that I have examined this Report and to the best of my knowledge it is true, correct and complete*

Type or Print Name of Treasurer

William P. West, Jr.

Signature of Treasurer

DATE

7/30/97

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

**FEC FORM 3X**

## DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3X)

Name of Committee (in full): National Business Aviation Assn. PAC	Report Covering the Period:	
	From: 01/01/97	To: 06/30/97
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-to- Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		0.00
(ii) Unitemized	250.00	250.00
(iii) Total of Contributions from Individuals	250.00	250.00
(b) Political Party Committees		0.00
(c) Other Political Committee (such as PACs)	1,000.00	1,000.00
(d) Total Contributions (other than loans)	1,250.00	1,250.00
12. Transfers from Affiliated Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets to Operating Expenditures	22.00	22.00
16. Refunds of Contributions made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts		0.00
18. Transfers from Non-federal Account for Joint Activity		0.00
19. Total Receipts	1,272.00	1,272.00
20. Total Federal Receipts	1,272.00	1,272.00
<b>II. DISBURSEMENTS</b>		
21. Operating Expenditures		
(a) Shared Federal/Non-federal Activity		
i. Federal Share		0.00
ii. Non-federal Share		0.00
(b) Other Operating Expenditures	11.00	11.00
(c) Total Operating Expenditures	11.00	11.00
22. Transfers to Affiliated/Other Party Committees	3,000.00	3,000.00
23. Contributions to Federal Candidates & Other Political Cmtes.		
24. Independent Expenditures		
25. Coordinated Expenditures		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other than Political Committees		0.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds	0.00	0.00
29. Other Disbursements		
30. Total Disbursements	3,011.00	3,011.00
31. Total Federal Disbursements	3,011.00	3,011.00
<b>III. NET CONTRIBUTIONS/OPERATING EXPENDITURES</b>		
32. Total Contributions (other than loans)	1,250.00	1,250.00
33. Total Contribution Refunds	0.00	0.00
34. Net Contributions (other than loans)	1,250.00	1,250.00
35. Total Federal Operating Expenditures	11.00	11.00
36. Offsets to Operating Expenditures	22.00	22.00
37. Net Operating Expenditures	-11.00	-11.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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 Business Aviation Association, Inc., Political Action Committee

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Gulfstream Aerostream Corp PAC 1000 Wilson Blvd., #2701 Arlington, VA 22209</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 03/27/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period Nil</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>1,000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>1,000.00</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)  
National Business Aviation Association, Inc., Political Action Committee

A. Full Name, Mailing Address and ZIP Code National Business Aviation Assn. 1200 18th St., NW, #400 Washington, DC 20036  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Reimburse Bank Service Charge of December 1996 Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 01/31/97	Amount of Each Receipt this Period 11.00
B. Full Name, Mailing Address and ZIP Code National Business Aviation Assn. 1200 18th St., NW, #400 Washington, DC 20036  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Reimburse Bank Service Charge of May 1997 Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 06/30/97	Amount of Each Receipt this Period 11.00
C. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

22.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
21b

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 Business Aviation Association, Inc., Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Bank Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/30/97	Amount of Each Disbursement This Period 11.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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

11.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

National Business Aviation Association, Inc., Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelby for U.S. Senate P.O. Box 1091 Tuscaloosa, AL 35403	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	4/16/97	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Byron Dorgan P.O. Box 871 Bismarck, ND 58502	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	4/25/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Jim Oberstar P.O. Box 465 Duluth, MN 55802	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	4/08/97	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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

3,000.00

**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 type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-30-97
<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
	and/or DATE OF RECEIPT
<i>JML</i>	8-1-97
PREPARER	DATE PREPARED