

To FEC/Secretary of State Date: 7/18/94

Sorry for the lateness of this report.
I pulled this out to work on it today with
the impression that it was due on the 30th.
I panicked when I saw the due date.
Please excuse.

Mary Ann Rutledge

From: Mary Ann Rutledge

Pierre Laclade Center
Suite 1500
7733 Forsyth Blvd.
St. Louis, MO 63105-1821
314-963-6800

✦ ✦ ✦ ✦ ✦
SABRELINER
CORPORATION

94034475

USE FEC MAILING LABEL OR TYPE OR PRINT

NAME OF CANDIDATE: _____
 NAME OF COMMITTEE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE: _____

2. FEC IDENTIFICATION NUMBER
 CDC-178-53
 3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

20
 17 07 1994

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
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____ (Type of Election) 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		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>4/1/94</u> through <u>6/30/94</u>		
6.	(a) Cash on Hand January 1, 19 <u>94</u>		\$ 9,989.67
	(b) Cash on Hand at Beginning of Reporting Period	\$ 9,984.92	
	(c) Total Receipts (from Line 10)	\$ 1,000.00	\$ 1,000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 10,984.92	\$ 10,989.67
7.	Total Disbursements (from Line 30)	\$ 2,000.00	\$ 2,004.75
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,984.92	\$ 8,984.92
9.	Debt and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 435 E Street, NW Washington, DC 20463 Tel: Free 800-424-9530 Local 202-219-3420
10.	Debt 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:
Susan S. Belong

Signature of Treasurer: [Handwritten Signature] Date: 7/18/94

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

94 JULY 14 4/6

Name of Committee:

Report Period: 11/1/83 to 11/30/83

94031441

		COLUMN 1 Total This Period	COLUMN 2 Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
i.	Itemized (see Schedule A)	1,000.00	1,000.00
ii.	Unitemized		
iii.	Total (add i and ii) >	1,000.00	1,000.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a ii, b and c) >	1,000.00	1,000.00
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)		
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,000.00	1,000.00
20.	Total Federal Receipts (subtract line 18 from line 19) >		
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures	0.00	4.75
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	4.75
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	2,000.00
24.	Independent Expenditures (see Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see 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 a, b and c) >		
29.	Other Disbursements		
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,000.00	2,004.75
31.	Total Federal Disbursements (subtract line 21 & ii from line 30) >		
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) from line 11d)	1,000.00	2,000.00
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	1,000.00	1,000.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	4.75
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 35 from line 36)	0.00	4.75

FORM NO. 102-A (REV. 1-78)
 (Do not write in these spaces)

Any contribution made to this committee shall be subject to the provisions of the Internal Revenue Code, Title 26, Section 170(e)(2)(B) and shall be subject to the provisions of the Code, Title 26, Section 170(e)(2)(C) for the purpose of other rules governing the name and address of any political committee or any individual from such committee.

NAME OF COMMITTEE (in Full)

SABREPAU SABRELINER CORPORATION POLITICAL ACTION COMMITTEE

940391404/8

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allen R. McMahon 12120 Rowdon Bridgeton, MO 63044	Sabreliner Corp.	4/7/94	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: V.P. Tech. Support & Prod. Integrity	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gene L. Harbula 17034 Chesterfield Estates Ct. Chesterfield, MO 63005	Sabreliner Corp.	6/2/94	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: V.P. Govt. Mktg & Corp. Development	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alvin Earless 2218 Earleen Cape Girardeau, MO 63701	Sabreliner Corp.	6/16/94	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Director, Program Development	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 > \$	

SUB-TOTAL of Receipts This Page (optional) \$1,000.00

TOTAL This Period (last page the line number only) \$1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

(Use separate schedule for each category of the Disbursement Page)
 FOLIO NUMBER OF THIS PAGE

Any information reported from such reports and statements may not be used by any person for the purpose of including contributions or for financial purposes, other than using the name and address of any political committee for soliciting contributions from such contributor.

NAME OF COMMITTEE (in Full)
SABRE BABRELINER CORPORATION POLITICAL ACTION COMMITTEE

9403914J479

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Majority Leaders Victory Fund 7435 Watson Rd, Ste. 107 St. Louis, MO 63119	Fund Raiser Democratic Congressional Campaign Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/94	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Majority Leaders Victory Fund 7435 Watson Rd., Ste 107 St. Louis, MO 63119	Purpose of Disbursement Fund Raiser Democratic Congressional Campaign Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/94	\$1,000.00
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 (see Page (optional))	\$2,000.00
TOTAL This Period (last page this line number only)	\$2,000.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7-19-94

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JML
 PREPARED

7-22-94
 DATE PREPARED

94039143430