

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

OCT 20 11 22 AM '94

1. NAME OF COMMITTEE (or full) General Aviation Manufacturers Association Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1400 K St. NW Suite # 801	
CITY, STATE and ZIP CODE Washington, DC 20005	
	2. FEC IDENTIFICATION NUMBER C -000 14878
	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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>07-01-94</u> through <u>09-30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 28,446.83
(b) Cash on Hand at Beginning of Reporting Period	\$ 31,524.48	
(c) Total Receipts (from Line 19)	\$ 2,355.43	\$ 24,028.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 33,879.91	\$ 52,474.91
7. Total Disbursements (from Line 30)	\$ 6,550.00	\$ 25,145.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 27,329.91	\$ 27,329.91
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	
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: <u>Jahan Ahmad</u>		
Signature of Treasurer: <u>Jahan Ahmad</u>		Date: <u>10-17-94</u>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5457g.

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
GENERAL AVIATION MANUFACTURERS ASSN. POLITICAL ACTION COMMITTEE		FROM 07-01-94	TO 09-30-94
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		-	9,750.00
ii. Unitemized		-	4,810.00
iii. Total (add i and ii) >		-	14,560.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)		2,199.00	9,005.00
d. Total Contributions (add a iii, b and c) >		2,199.00	23,565.00
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.)	INTEREST	156.43	465.08
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		2,355.43	
20. Total Federal Receipts (subtract line 18 from line 19) >		2,355.43	24,028.08
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			
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees		6,550.00	25,050.00
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use 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			95.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		6,550.00	25,145.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		6,550.00	25,145.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		2,199.00	23,565.00
33. Total Contribution Refunds (from line 28d)		-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)		2,199.00	23,565.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-	-
36. Offsets to Operating Expenditures (from line 15)		-	-
37. Net Operating Expenditures (subtract line 36 from 35) >		-	-

9 4 0 0 3 2 3 4 3 4

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 01 OF 01
FOR LINE NUMBER

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) GENERAL AVIATION MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>ROCKWELL GOOD GOVT. CTME.</u> <u>625 LIBERTY AVE.</u> <u>PITTSBURGH, PA 15222</u> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<u>N/A</u> Occupation <u>PAC</u> Aggregate Year-to-Date > \$ <u>1,505.00</u>	<u>08-29-94</u> <u>08-19-94</u>	<u>199.00</u> <u>6,000.00</u>
<u>GULFSTREAM AEROSPACE PAC</u> <u>1000 WILSON BLVD., # 2701</u> <u>ARLINGTON, VA. 22209</u> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<u>N/A</u> Occupation <u>PAC</u> Aggregate Year-to-Date > \$	<u>08-29-94</u>	<u>5,000.00</u>
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

94039325435

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	<u>2,199.00</u>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 01 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) GENERAL AVIATION MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

240339025436

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF BOB CARR 2775 UNICORN LN. WASH., D.C. 20015	CAMPAIGN CONTRIB. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-21-94	1,000.00
B. Full Name, Mailing Address and ZIP Code PEOPLE FOR LIGHTFOOT CMTE. P.O. Box 1994 SHENANDOAH, IA 51601	CAMPAIGN CONTRIB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-28-94	500.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF JIM GASSER P.O. Box 24723 NASHVILLE, TN. 37202	CAMPAIGN CONTRIB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-02-94	500.00
D. Full Name, Mailing Address and ZIP Code ADKINSON FOR CONGRESS 22027 FREDERICK ST. CLYNSBORO, KY. 42301	CAMPAIGN CONTRIB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-04-94	500.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF JIM INHOFE 425 2nd St., N.E. WASH., DC 20002	CAMPAIGN CONTRIB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-11-94	1,000.00
F. Full Name, Mailing Address and ZIP Code HANCOCK FOR CONGRESS CMTE. P.O. Box 40175 WASH., DC 20016	CAMPAIGN CONTRIB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-14-94	500.00
G. Full Name, Mailing Address and ZIP Code McCLOSKEY FOR CONGRESS P.O. Box 76566 WASH., D.C. 20013	CAMPAIGN CONTRIB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-21-94	250.00
H. Full Name, Mailing Address and ZIP Code DEMOCRATIC SENATORIAL CMTE. 430 S. CAPITOL ST., S.E. WASH., D.C. 20003	CAMPAIGN CONTRIB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-21-94	1,500.00
I. Full Name, Mailing Address and ZIP Code GLICKMAN FOR CONGRESS 1300 CONN. AVE., N.W., # 600 WASH., DC 20036	CAMPAIGN CONTRIB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		250.00

SUBTOTAL of Disbursements This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full) **GENERAL AVIATION MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MARIA CANTWELL FOR CONGRESS 555 N.T. AVE., N.W., # 201 WASH., D.C. 20001	CAMPAIGN CONTRIB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-29-74	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PETERSON FOR CONGRESS P.O. Box 2584 WASH., D.C. 20013	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-24-74	300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

6,550.00

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**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

10-17-94

Registered/Certified Mail

POSTMARKED

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

JMH
 PREPARER

10-20-94
 DATE PREPARED

94039325433