

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ... .. ... .. ... ..	2. FEC IDENTIFICATION NUMBER C00178053
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Qualified prior to 1/1/94	

## 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

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>7/1/93</u> through <u>12/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 710.65
(b) Cash on Hand at Beginning of Reporting Period	\$ 615.69	
(c) Total Receipts (from Line 19)	\$ 11,475.00	\$ 11,475.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12,090.69	\$ 12,185.65
7. Total Disbursements (from Line 30)	\$ 2,101.02	\$ 2,195.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 9,989.67	\$ 9,989.67
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 202-218-3420
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 SUSAN S. ASELAG	Date 1/24/94
Signature of Treasurer 	

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

2 4 3 8 7 5 1 4 3 4

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
SABRRPAC SABRELINER CORPORATION POLITICAL ACTION COMMITTEE	FROM 7-1-93 TO: 12-31-93	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	11,475.00	11,475.00
ii. Unitemized .....		
iii. Total .....	11,475.00	11,475.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions .....	11,475.00	11,475.00
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 .....	11,475.00	11,475.00
20. Total Federal Receipts .....		
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....		
ii. Non-Federal Share .....		
b. Other Federal Operating Expenditures .....	101.02	195.98
c. Total Operating Expenditures .....	101.02	195.98
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 (use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441ad) (use Schedule F) ..		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....		
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contribution Refunds .....		
29. Other Disbursements .....		
30. Total Disbursements .....	2,101.02	2,195.98
31. Total Federal Disbursements .....	2,101.02	2,195.98
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....	11,475.00	11,475.00
33. Total Contribution Refunds (from line 28d) .....		
34. Net Contributions (other than loans)(subtract line 33 from line 32) .....	11,475.00	11,475.00
35. Total Federal Operating Expenditures .....	101.02	195.98
36. Offsets to Operating Expenditures (from line 15) .....		
37. Net Operating Expenditures .....	101.02	195.98

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 19

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)**

SABREPAK SABRELTNER CORPORATION POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
F. Holmes Lamoreux 54 Westmoreland Place St. Louis, MO 63108	Sabreliner Corporation	8/2/93	\$2,000
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$ 2,000		
F. Holmes Lamoreux 54 Westmoreland Place St. Louis, MO 63108	Sabreliner Corporation	9/28/93	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$ 3,000		
Rodney F. Olson 9023 McKnight Woods St. Louis, MO 63117	Sabreliner Corporation	10/19/93	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Finance Aggregate Year-to-Date > \$ 1,000		
Jerry L. Wade 1715 Woodwind Drive Imperial, MO 63052	Sabreliner Corporation	10/20/93	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Facilities & Spec. Projects Aggregate Year-to-Date > \$ 500		
Jackson L. Forney 128 S. Gore Avenue St. Louis, MO 63119	Sabreliner Corporation	10/20/93	\$1,300
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Operations Aggregate Year-to-Date > \$		
Donald G. Musgrave 3008 Westminster Drive St. Charles, MO 63301	Sabreliner Corporation	10/21/93	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. Marketing Services Aggregate Year-to-Date > \$ 200		
Guy E. Davis 2706 N. Ozark Avenue Joplin, MO 64801	Sabreliner Corporation	10/22/93	\$300
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Operations Plant Mgr. Aggregate Year-to-Date > \$ 300		

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 4  
FOR LINE NUMBER 10

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**NAME OF COMMITTEE (in Full)**

SABRELINER CORPORATION POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob D. Hanks 3551 Doniphan Drive Neosho, MO 64850	Sabreliner Corporation	10/25/93	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Engineering & Quality Assurance Aggregate Year-to-Date > \$1,000		
Charles A. Sumoski 308 S. Riebling Columbia, IL 62236	Sabreliner Corporation	10/26/93	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Technical Rep. Aggregate Year-to-Date > \$ 100		
Ernest Mourac 3 Brandonwood Drive O'Fallon, IL 62269	Sabreliner Corporation	10/26/93	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. Government Contracts Aggregate Year-to-Date > \$ 200		
Larry Burroughs HCR 61, Box 167 Prohna, MO 63748	Sabreliner Corporation	10/27/93	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Perryville Plant Controller Aggregate Year-to-Date > \$ 50		
James W. Ryan 5182 Palemon Drive Pensacola, FL 32507	Sabreliner Corporation	10/29/93	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr. UNFO Pensacola Operations Aggregate Year-to-Date > \$ 50		
Dennis Friable Rt. 2, Box 225 Miami, OK 74354	Sabreliner Corporation	10/31/93	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Plant Controller Neosho/Independence Aggregate Year-to-Date > \$ 50		
Sperry C. Sturm 1609 Timberlake Manor Pkwy. Chesterfield, MO 63017	Sabreliner Corporation	11/1/93	\$375
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Program Management Aggregate Year-to-Date > \$ 375		

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
FOH LINE NUMBER 19

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NAME OF COMMITTEE (in Full)

SABRELPAC SABRELINER CORPORATION POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claire M. Stewart, III #7 Dogwood Lane St. Louis, MO 63124	Sabreliner Corporation	11/1/93	\$400
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: Director Materiel Aggregate Year-to-Date > \$ 400		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A. Robertson 804 Lexington Drive Webb City, MO 64870	Sabreliner Corporation	11/1/93	\$75
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: Manager Neosho Operations Aggregate Year-to-Date > \$ 75		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Grozco 1009 S. Tennessee Chanute, KS 66720	Sabreliner Corporation	11/1/93	\$50
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: Manager Independence Ops. Aggregate Year-to-Date > \$ 50		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary B. Harman 1447 Tahiti Drive Sanibel, FL 33957	Sabreliner Corporation	11/3/93	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: Director Aggregate Year-to-Date > \$ 1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Knight Rt. 1, Box 1393 Granby, MO 64844	Sabreliner Corporation	11/4/93	\$75
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: Manager Operations Support Aggregate Year-to-Date > \$ 75		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Bergtholdt Rt. 2 Ste. Genevieve, MO 63670	Sabreliner Corporation	11/10/93	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: Director Aircraft Service Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Jones Rt. B, Box 433 Neosho, MO 64850	Sabreliner Corporation	11/12/93	\$150
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: prod. Sales Mgr Engine Programs Aggregate Year-to-Date > \$ 150		

SUBTOTAL of Receipts This Page (upt and all)	
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)  
 SABREPAC SABRELINER CORPORATION POLITICAL ACTION COMMITTEE

2433675-439

**A. Full Name, Mailing Address and ZIP Code**  
 Gary D. Statler  
 60 Summertree Ct.  
 St. Peters, MO 63376-6841

Name of Employer: Sabreliner Corporation  
 Date (month, day, year): 11/13/93  
 Amount of Each Receipt this Period: \$150

Receipt For:  Primary  General  
 Other (specify):  
 Occupation: Publications/  
 Special Projects Dir.  
 Aggregate Year-to-Date: \$150

**B. Full Name, Mailing Address and ZIP Code**  
 Gus Hoelscher  
 2033 Greenheath  
 Florissant, MO 63033

Name of Employer: Sabreliner Corporation  
 Date (month, day, year): 11/14/93  
 Amount of Each Receipt this Period: \$100

Receipt For:  Primary  General  
 Other (specify):  
 Occupation: Manager  
 Material Control  
 Aggregate Year-to-Date: \$100

**C. Full Name, Mailing Address and ZIP Code**  
 Don A. Pries  
 2014 Hill Creek Road  
 Collinsville, IL 62234

Name of Employer: Sabreliner Corporation  
 Date (month, day, year): 11/19/93  
 Amount of Each Receipt this Period: \$250

Receipt For:  Primary  General  
 Other (specify):  
 Occupation: Manager  
 Air Vehicle Programs  
 Aggregate Year-to-Date: \$250

**D. Full Name, Mailing Address and ZIP Code**  
 Walter Bridges  
 3609 Rolling Lane  
 Midwest City, OK 73110

Name of Employer: Sabreliner Corporation  
 Date (month, day, year): 11/20/93  
 Amount of Each Receipt this Period: \$100

Receipt For:  Primary  General  
 Other (specify):  
 Occupation: Field Manager  
 Aggregate Year-to-Date: \$100

**E. Full Name, Mailing Address and ZIP Code**  
 Ronald A. Herman  
 P. O. Box 12  
 Perryville, MO 63775

Name of Employer: Sabreliner Corporation  
 Date (month, day, year): 11/21/93  
 Amount of Each Receipt this Period: \$200

Receipt For:  Primary  General  
 Other (specify):  
 Occupation: Perryville  
 Plant Manager  
 Aggregate Year-to-Date: \$200

**F. Full Name, Mailing Address and ZIP Code**  
 Arthur Fredston  
 3 Cedar Island  
 Larchmont, NY

Name of Employer: Sabreliner Corporation  
 Date (month, day, year): 12/15/93  
 Amount of Each Receipt this Period: \$500

Receipt For:  Primary  General  
 Other (specify):  
 Occupation: Director  
 Aggregate Year-to-Date: \$500

**G. Full Name, Mailing Address and ZIP Code**

Name of Employer:

Date (month, day, year):

Amount of Each Receipt this Period:

Receipt For:  Primary  General  
 Other (specify):  
 Occupation:  
 Aggregate Year-to-Date: \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (Use page this line number only) \$11,475.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 31

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**NAME OF COMMITTEE (in Full)**

SABREPAC SABRELINER CORPORATION POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Talent for U.S. Congress 1031 Executive Parkway, Ste. 100 St. Louis, MO 63141	Re-Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/2/93	\$1,000
B. Full Name, Mailing Address and ZIP Code Ashcroft for Senate P. O. Box 16677 Clayton, MO 63105	Purpose of Disbursement Membership Ashcroft for Senate Council Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/93	\$1,000
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) .....

\$2,000

**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

*1-24-94*

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

*JMld*

PREPARER

*1-27-94*

DATE PREPARED

9 4 3 8 7 5 4 3 1