

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL ROOM  
2002 FEB 13 P 1:31

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

000178053 121001 N 287  
SUSAN SEABURY ASELADE  
SABREPAC SABRELINER CORPORATIO  
N POLITICAL ACTION COMMITTEE  
7733 FORSYTH BLVD., SUITE 1500  
PIERRE LACLEDE CENTER  
ST LOUIS MO 63103

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 00178053

3. IS THIS REPORT

NEW

(N)

OR

AMENDED

(A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)
- Election on [ ] [ ] [ ] in the State of [ ]

(d) 30-Day POST-Election Report for the:

- General (30G)
  - Runoff (30R)
  - Special (30S)
- Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period

07/01/2001 through 12/31/2001

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. ASELADE

Signature of Treasurer

*Susan Seabury Aselage*

Date

01/17/2002

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

Office Use Only

**FEC FORM 3X**  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

SABREPAC Sabreliner Corporation Political Action Committee

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2001"/>		<input type="text" value="584372"/>
(b) Cash on Hand at Beginning of Reporting Period .....	<input type="text" value="339701"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="550000"/>	<input type="text" value="550000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="889701"/>	<input type="text" value="1134372"/>
7. Total Disbursements (from Line 30) .....	<input type="text" value="283785"/>	<input type="text" value="528456"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="605916"/>	<input type="text" value="605916"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

SABREPAC Sabreliner Corporation Political Action Committee

Report Covering the Period: From: 07/01/2001 To: 12/31/2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	5,500.00	
(ii) Unitemized .....	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5,500.00	5,500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	5,500.00	5,500.00
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.) (Carry Totals to Line 36, page 4) .....	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 Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	5,500.00	5,500.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	5,500.00	5,500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 .....	1,628.53	2,595.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1,628.53	2,595.61
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	2,675.00	5,025.00
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) Individuals/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 Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	2,837.85	5,284.56
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....	2,837.85	5,284.56
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5,500.00	5,500.00
33. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	5,500.00	5,500.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1,628.53	2,595.61
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	1,628.53	2,595.61

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 1	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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)  
**SABREPAC Sabreliner Corporation Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur H. Fredston**

Mailing Address  
**3 Cedar Island**

City **Larchmont, NY** State **NY** Zip Code **10538**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Pillsbury Winthrop** Occupation: **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **5,000.00**

Date of Receipt  
**09 / 06 / 2001**

Amount of Each Receipt (this Period)  
**5,000.00**

**B.** Full Name (Last, First, Middle Initial)  
**F. Holmes Lamoreux**

Mailing Address  
**54 Westmoreland Place**

City **St. Louis, MO** State **MO** Zip Code **63105**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Sabreliner Corp.** Occupation: **Chairman**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **5,000.00**

Date of Receipt  
**12 / 11 / 2001**

Amount of Each Receipt (this Period)  
**5,000.00**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt (this Period)

**SUBTOTAL of Receipts This Page (optional)** **5,500.00**

**TOTAL This Period (last page this line number only)** **5,500.00**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c <input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

SABREPAC Sabreliner Corporation Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends of Roy Blunt</b>		Date of Disbursement 11 / 27 / 2001
Mailing Address P.O. Box 278		Amount of Each Disbursement this Period 1000.00
City Strafford, MO	State MO	
Zip Code 65757		Category/Type 011
Purpose of Disbursement Contribution		
Candidate Name Roy Blunt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: R-MO District: 7	

Full Name (Last, First, Middle Initial) <b>B. Missourians for Kit Bond</b>		Date of Disbursement 10 / 05 / 2001
Mailing Address 507 Capitol Court, NE, Ste. 100		Amount of Each Disbursement this Period 1000.00
City Washington, D.C.	State DC	
Zip Code 20002		Category/Type 011
Purpose of Disbursement Contribution		
Candidate Name Kit Bond		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: R-MO District:	

Full Name (Last, First, Middle Initial) <b>C. Missourians for Kit Bond</b>		Date of Disbursement 08 / 20 / 2001
Mailing Address 8229 Clayton Rd., Ste. 200		Amount of Each Disbursement this Period 1250.00
City St. Louis, MO	State MO	
Zip Code 63117		Category/Type 011
Purpose of Disbursement Contribution		
Candidate Name Kit Bond		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: R-MO District:	

SUBTOTAL of Disbursements This Page (optional) .....	2212.50
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 2 OF 2	
	<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 26b	<input type="checkbox"/> 25 26c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**SABREPAC Sabreliner Corporation Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Ike Skelton for Congress Committee</b>		Date of Disbursement <b>08/10/2001</b>
Mailing Address <b>P.O. Box A</b>		Amount of Each Disbursement this Period <b>550.00</b>
City <b>Harrisonville, MO</b>	State Zip Code <b>64701</b>	
Purpose of Disbursement <b>Contribution</b>	Category/Type <b>011</b>	
Candidate Name <b>Ike Skelton</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>D-MO</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. Missouri Democratic Party</b>		Date of Disbursement <b>07/09/2001</b>
Mailing Address <b>1916 Woodson Road</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>St. Louis, MO</b>	State Zip Code <b>63114</b>	
Purpose of Disbursement <b>Contribution</b>	Category/Type <b>011</b>	
Candidate Name <b>Missouri Democratic Party</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>MO</b>	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	<b>550.00</b>
TOTAL This Period (last page this line number only) .....	<b>2675.00</b>

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 (R/C) 1/18/02
<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
<input type="checkbox"/> Electronic Filing	
   PA PREPARER	   2/13/02 DATE PREPARED