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)
Aviall, Inc. Federal Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
7511 Lemmon Avenue

CITY, STATE and ZIP CODE
Dallas, Texas 75209-0199

2. FEC IDENTIFICATION NUMBER
C00294041

3. ☐ 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:
☐ 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 7/1/94 through 9/30/94		
6. (a) Cash on Hand January 1, 19 94		$ 0
(b) Cash on Hand at Beginning of Reporting Period	$ 1,425	
(c) Total Receipts (from Line 19)	$ 2,782	$ 4,307
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4,207	$ 4,307
7. Total Disbursements (from Line 30)	$ 4,191	$ 4,291
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 16	$ 16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY 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

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
Howard D. Choate

Signature of Treasurer

Date 10/24/94

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

FEC FORM 3X
(revised 9/93)

FE4AN101

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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 FROM: TO:		
I. Receipts	**COLUMN A Total This Period**	**COLUMN B Calendar Year**	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,638	3,138	11(a)(i)
ii. Unitemized	644	669	11(a)(i)
iii. Total (add i and ii) ➤	2,282	3,807	11(a)(i)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	2,282	3,807	11(d)
12. Transfers From Affiliated/Other Party Committees	500	500	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,782	4,307	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,782	4,307	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(i)
b. Other Federal Operating Expenditures	26	26	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	26	26	21(c)
22. Transfers to Affiliated/Other Party Committees	1,415	1,515	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,750	2,750	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,191	4,291	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,191	4,291	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,282	3,807	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,282	3,807	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	26	26	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	26	26	37

FE4AN101

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11A

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)

Aviall, Inc. Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Murphy 2055 Diplomat Dallas, Texas 75234	Aviall, Inc.	8/10/94	$1,000
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sr. VP Secretary & General Counsel		
	Aggregate Year-to-Date > $ 1,000		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mina Brown 2055 Diplomat Dallas, Texas 75234	Aviall, Inc.	Payroll Deduction	$200
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sr. VP CFO & General Mgr.	Aerospace	$100/Monthly
	Aggregate Year-to-Date > $ 200		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Howard Choate P.O. Box 7199 Dallas, Texas 75209-0199	Aviall, Inc.	Payroll Deduction	$100
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sr. Mgr, Government Contracts		$20/bi-weekly
	Aggregate Year-to-Date > $ 100		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jacque Collier 2055 Diplomat Dallas, Texas 75234	Aviall, Inc.	Payroll Deduction	$150
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: VP, Controller		$30/bi-weekly
	Aggregate Year-to-Date > $ 150		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dennis Honan 2055 Diplomat Dallas, Texas 75234	Aviall, Inc.	Payroll Deduction	$188
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sr. VP Distribution		$47/bi-weekly
	Aggregate Year-to-Date > $ 188		
F. 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 > $		
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) > $1,638

TOTAL This Period (last page this line number only) > $1,638

9 4 0 3 9 2 6 3 7 5 4

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)

Aviall, Inc. Federal Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ryder Employees Political Action Committee 3600 N.W. 82nd Avenue Miami, Florida 33166 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ryder System, Inc. Occupation: n/a Aggregate Year-to-Date > $ 500	8/17/94	$500
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) $500

TOTAL This Period (last page this line number only) $500

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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)

Aviall, Inc. Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Laughlin for Congress Campaign P.O. Box 2483 Victoria, Texas 77902	Re-election Campaign Disbursement for: [ ] Primary [x] General [ ] Other (specify)	8/23/94	$ 250
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Armey for Congress Campaign P.O. Box 85 Lewisville, Texas 75067	Re-election Campaign Disbursement for: [ ] Primary [x] General [ ] Other (specify)	8/16/94	$1,000
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kay Bailey Hutchison for Senate Campaign 2000 Berring Drive, Ste 450 Houston, Texas 77057	Re-election Campaign Disbursement for: [ ] Primary [x] General [ ] Other (specify)	8/16/94	$1,000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Inouye for Senate Campaign 841 Bishop Street, Suite 1601 Honolulu, Hawaii 96813	Re-election Campaign Disbursement for: [ ] Primary [x] General [ ] Other (specify)	8/16/94	$ 500
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements this Page (optional) $2,750

TOTAL This Period (last page this line number only) $2,750

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

Aviall, Inc. Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aviall Texas Political Action Committee 7511 Lemmon Avenue Dallas, Texas 75209-0199	Contributions to State Candidates Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/9/94	$1,389
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Aviall Texas Political Action Committee 7511 Lemmon Avenue Dallas, Texas 75209-0199	Bank Service Charges Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/9/94	$ 26
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $1,415

TOTAL This Period (last page this line number only) $1,415

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FE4AN1D1

GENERAL-PURPOSE COMMITTEE REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

FORM GPAC
PG 1

See GPAC Instruction Guide for detailed instructions.

1 ACCOUNT #: 00028296

2 Total pages filed: 5

3 COMMITTEE NAME: Aviall Texas Political Action Committee

4 COMMITTEE ADDRESS (ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE):
7511 Lemmon Avenue
P.O. Box 7199
Dallas, Texas 75209-0199

5 CAMPAIGN TREASURER NAME (TITLE; FIRST; MI; NICKNAME; LAST; SUFFIX):
Sr. Manager Government Contracts Howard D. Choate

Receipt #
HOT PM
Amount
Date Processed

6 CAMPAIGN TREASURER ADDRESS (Residence or Business) (STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE):
7511 Lemmon Avenue
Dallas, Texas 75209-0199

7 CAMPAIGN TREASURER PHONE (AREA CODE; PHONE NUMBER; EXTENSION):
(214) 956-5244

8 REPORT TYPE
- [ ] January 15
- [ ] July 15
- [x] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Dissolution report
- [ ] 10th day after campaign treasurer termination

9 PERIOD COVERED
Month 7 Day 1 Year 94 THROUGH Month 9 Day 29 Year 94

10 ELECTION
ELECTION DATE: Month 11 Day 8 Year 94
ELECTION TYPE
- [ ] Primary
- [ ] Runoff
- [x] General
- [ ] Special

GO TO PAGE 2

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC
PG 2

11 COMMITTEE NAME
Avial Texas Political Action Committee

12 ACCOUNT #
0002829B

13 GENERAL COMMITTEE PURPOSE

- [X] SUPPORT
- [ ] OPPOSE
- [ ] ASSIST (officeholders only)

- [ ] CANDIDATE
- [X] OFFICEHOLDER

[ ] All Republicans [ ] All Democrats [ ] Other _____ Party name

CANDIDATE / OFFICEHOLDER NAME: Lieutenant Governor Bullock

OFFICE USE

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): Lieutenant Governor

- [ ] MEASURE
  - [ ] Identified
  - [ ] Unidentified

BALLOT IDENTIFICATION # :

ELECTION DATE: Month / Day / Year

DESCRIPTION

14 NO REPORTABLE ACTIVITY

[ ] Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

15

CONTRIBUTION AND LOAN TOTALS	1 TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
	3 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$
EXPENDITURE TOTALS	4 TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	5. **TOTAL POLITICAL EXPENDITURES**	$

16

AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

KAREN GARDNER
NOTARY PUBLIC
State of Texas
Comm. Exp. [illegible]

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Howard Hoare, this the 16 day of October, A.D. 94, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Karen Gardner, Print name of officer administering oath — Clerk of Court, Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

9403963759

Texas Ethics Commission P.O. Box [illegible] Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC
PG 2

11 COMMITTEE NAME
Avail Texas Political Action Committee

12 ACCOUNT #
00028298

13 GENERAL COMMITTEE PURPOSE

- SUPPORT
- OPPOSE
- ASSIST (officeholders only)

- CANDIDATE
- OFFICE-HOLDER
- MEASURE
  - Identified
  - Unidentified

All Republicans / All Democrats / Other (Title name)

CANDIDATE / OFFICEHOLDER NAME: Senator Parker

OFFICE USE

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): Senator

BALLOT IDENTIFICATION # / ELECTION DATE (Month / Day / Year)

DESCRIPTION

14 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

15 CONTRIBUTION AND LOAN TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,415
3.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0
4.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
5.	TOTAL POLITICAL EXPENDITURES	$ 1,000

EXPENDITURE TOTALS

16 AFFIDAVIT

KAREN GARDNER
NOTARY PUBLIC
State of Texas
Comm. Exp. 07-30-97

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of campaign treasurer

Sworn to and subscribed before me, by the said Howard Choate this the 10 day of October 19 94 to certify which, witness my hand and seal of office

Signature of officer administering oath — Karen Gardner, Print name of officer administering oath — Loan Officer, Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

9403926376 0

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

See Instruction Guide for detailed instructions.

1 Total pages Schedule A

2 FILER NAME: Aviall Texas Political Action Committee

3 ACCOUNT #: 00028298

4 Date	5 Full name of contributor	6 Contributor address, City, State, Zip Code	out of state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/9/94	Aviall, Inc, Federal Political Action Committee			$1,415	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor	Contributor address, City, State, Zip Code	out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation: Employer (optional):

Date	Full name of contributor	Contributor address, City, State, Zip Code	out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation: Employer (optional):

Date	Full name of contributor	Contributor address, City, State, Zip Code	out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation: Employer (optional):

Date	Full name of contributor	Contributor address, City, State, Zip Code	out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation: Employer (optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

9 4 0 2 9 2 6 3 7 6 1

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

See Instruction Guide for detailed instructions.

1 Total pages Schedule F: 1

2 FILER NAME: Aviall Texas Political Action Committee

3 ACCOUNT #: 00023298

4 Date | 5 Payee name | 7 Amount ($)

6 Payee address: City: State: Zip Code

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office held / sought

Date	Payee name	Amount ($)
9/7/94	Lieutenant Governor Bullock Re-election Campaign Payee address: City: State: Zip Code P.O. Box 2243 Austin, Texas 78768-2243	$500

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office held / sought

Date	Payee name	Amount ($)
9/7/94	Senator Parker Re-election Campaign Payee address: City: State: Zip Code One Plaza Square Port Arthur, Texas 77640	$500

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office held / sought

Date | Payee name | Amount ($)

Payee address: City: State: Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office held / sought

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Please on recycled paper

(Revised 12/93)

9 4 0 3 9 2 6 3 7 6 2

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 10-12-94
☐	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

JMG
PREPARER

10-12-94
DATE PREPARED

REC FORM 70-2 (12/92)

9 4 0 3 9 2 6 3 7 6 3