

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT NAME

1. NAME OF COMMITTEE (NAME)  
 C00178053 120495 n 234  
 SUSAN SEAGRY ASELAGE  
 SABREPAC SABRELINER CORPORATIO  
 NATIONAL POLITICAL ACTION COMMITTEE  
 7733 FORSYTH BLVD., SUITE 1500  
 PIERRE LADEDE CENTER  
 ST LOUIS MO 63105

2. FEC IDENTIFICATION NUMBER

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

FEB 3 9 15 AM '96

4. TYPE OF REPORT

- 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
  - March 20
  - April 20
  - May 20
  - June 20
  - July 20
  - August 20
  - September 20
  - October 20
  - November 20
  - December 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>7-1-95</u> through <u>12-31-95</u>		
6	(a) Cash on Hand January 1, 19 <u>95</u>		\$ 5,484.92
	(b) Cash on Hand at Beginning of Reporting Period	\$ 2,984.92	
	(c) Total Receipts (from Line 18)	\$ 12,750.00	\$ 12,750.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 15,734.92	\$ 18,234.92
7	Total Disbursements (from Line 30)	\$ 3,039.75	\$ 5,539.75
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,695.17	\$ 12,695.17
9	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10	Debts and Obligations Owed BY 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 800-424-9630  
 Local 202-218-3422

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. Aelage

Signature of Treasurer *Susan S. Aelage* Date 1/26/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 4487g.

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**FEC FORM 3X**  
(revised 8/93)

96030260753

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

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
SALVE PAC Salve Line Corporation Political Action Committee		FROM 7-1-95	TO 12-31-95	
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)	12,750.00	12,750.00	11(a)
ii.	Unitemized			11(a)
iii.	Total (add i and ii) >	12,750.00	12,750.00	11(a)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	12,750.00	12,750.00	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	12,750.00	12,750.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	12,750.00	12,750.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4):			
i.	Federal Share			21(a)
ii.	Non-Federal Share			21(a)
b.	Other Federal Operating Expenditures	39.75	39.75	21(b)
c.	Total Operating Expenditures (add a i, ii, and b) >	39.75	39.75	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	5,500.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,039.75	5,539.75	30
31.	Total Federal Disbursements (subtract line 21 a i from line 30) >	3,039.75	5,539.75	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	12,750.00	12,750.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	12,750.00	12,750.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	39.75	39.75	35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >	39.75	39.75	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules 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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee

**NAME OF COMMITTEE (In Full)**

SABRELINER - SABRELINER CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
F. Holmes Lundreux 54 Westmoreland Place St. Louis, MO 63108	Sabreliner Corporation	10/18/95	35,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President, CEO Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code Jerry L. Wade 1715 Woodwind Drive Imperial, MO 63052	Sabreliner Corporation	10/25/95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. Facilities & Special Projects Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Arnold A. Hermer 17435 Herman Drive Ste. Genevieve, MO 63670	Sabreliner Corporation	10/27/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Plant Manager Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Larry D. Smith 32 Marianne St. Peters, MO 63376	Sabreliner Corporation	10/30/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir., Human Resources Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code Bobby D. Hanks 6340 Christopher Winds Ct. St. Louis, MO 63129	Sabreliner Corporation	10/31/95	1,050.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Operations & Engineering Aggregate Year-to-Date > \$ 1,050.00		
F. Full Name, Mailing Address and ZIP Code Robert D. Randall 4634 Hickory Lane Joplin, MO 64804	Sabreliner Corporation	11/1/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr., Human Resources Aggregate Year-to-Date > \$ 100.00		
G. Full Name, Mailing Address and ZIP Code Larry M. Burroughs POH 61, Box 167 Frohna, MO 63748	Sabreliner Corporation	11/3/95	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Plant Controller Aggregate Year-to-Date > \$ 50.00		

SUBTOTAL of Receipts This Page (optional)

7,050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate worksheets for each category of the Detailed Summary Page

PAGE 2 OF 4  
FOR LINE NUMBER 111

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF MISSOURI - FEDERAL ELECTIONS ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerry L. Leath 17628 Myrtlewood Drive Chesterfield, MO 63005	Sabreliner Corporation	11/3/95	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive V.P. & COO Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code William E. Niedringhaus 1 South Shore Lane Collinsville, IL 62234	Sabreliner Corporation	11/7/95	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir., Quality Assurance Aggregate Year-to-Date > \$ 600.00		
C. Full Name, Mailing Address and ZIP Code Rodney E. Olson 9028 McKnight Woods St. Louis, MO 63117	Sabreliner Corporation	11/3/95	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. V.P. & CFO Aggregate Year-to-Date > \$ 750.00		
D. Full Name, Mailing Address and ZIP Code Walter R. Bridges 3609 Rolling Lane Midwest City, OK 73110	Sabreliner Corporation	11/10/95	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr. Field Support Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code Gary D. Stutler 60 Summertree Ct. St. Peters, MO 63376	Sabreliner Corporation	11/6/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, MIS Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Dennis Frisbie Ht. 2, Box 225 Miami, OK 74354	Sabreliner Corporation	11/11/95	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Plant Controller Aggregate Year-to-Date > \$ 75.00		
G. Full Name, Mailing Address and ZIP Code Alan Harris 1079 Port Diane St. Louis, MO 63146	Sabreliner Corporation	11/16/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir., Product Develop. Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)	3,225.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

SABRELINER - SABRELINER CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dwight A. Cox 105 Willow Run Morse, IL 62007	Sabreliner Corporation	11/17/95	3100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Mgt. International Sales		
	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas J. Muier 15 Carrington Way W. St. Peters, MO 63376	Sabreliner Corporation	11/20/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Dir., Business Develop.		
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jack L. Vaughn, Jr. 16292 Audubon Village Dr. Grover, MO 63040	Sabreliner Corporation	11/20/95	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Director, Domestic Sales & Marketing		
	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles A. Sumoak 308 E. Hiebeling Columbia, IL 62236	Sabreliner Corporation	11/21/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Mgr., Parts Sales/ Tech. Support		
	Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kolfe Wagner 120 Cole Drive Festus, MO 63028	Sabreliner Corporation	11/25/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Prog. Mgr. T-2/A-4		
	Aggregate Year-to-Date > \$ 100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bill E. Cupps 1926 Old 60 Highway, Apt. 3 Neosho, MO 64850	Sabreliner Corporation	11/29/95	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Mgt., Quality Assurance		
	Aggregate Year-to-Date > \$ 75.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ernest Nonroe 3 Brandonwood Drive O'Fallon, IL 62269	Sabreliner Corporation	12/1/95	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Dir. Govt. Contracts		
	Aggregate Year-to-Date > \$ 300.00		

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

1,225.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)  
 SABLRELINER - SABLRELINER CORPORATION POLITICAL ACTION COMMITTEE

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 No. 7 Dogwood Lane St. Louis, MO 63124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sabreliner Corporation Occupation: Director, Material Aggregate Year-to-Date: \$ 400.00	12/1/95	\$400.00
Gus Hoelscher 2033 Greenheath Florissant, MO 63033 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sabreliner Corporation Occupation: Mgr., Material Control Aggregate Year-to-Date: \$ 50.00	12/12/95	50.00
Eugene S. Kraay 1616 Gettysburg Landing St. Charles, MO 63303 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sabreliner Corporation Occupation: Director, International Sales Aggregate Year-to-Date: \$ 300.00	12/14/95	300.00
Tom Arnold 1729 Davinvi Drive O'Fallon, MO 63366 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sabreliner Corporation Occupation: Director, Corporate Finance Aggregate Year-to-Date: \$ 500.00	11/14/95	500.00
B. 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

SUBTOTAL of Receipts This Page (optional)	1,250.00
TOTAL This Period (last page this line number only)	12,750.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

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**NAME OF COMMITTEE (In Full)**

LANEPAC Sabreliner Corporation Political Action Committee

96030260759

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roy Blunt P.O. Box 1778 Jefferson, MO 65157-9901	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/25/95	500.00
Friends of Bill Emerson P.O. Box 10021 Alexandria, VA 22302	Dinner Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/95	500.00
Friends of John Warner 1111 Eisenhower Ave., Ste. 402 Alexandria, VA 22314	Luncheon Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/95	1000.00
Talent for U.S. Congress 1031 Executive Parkway, Ste. 100 St. Louis, MO 63141	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/95	1000.00
	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
	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
	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
	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
	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)

3,039.75