

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

JUL 22 1 18 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) General Aviation Manufacturers Association Political Action Committee		2. FEC IDENTIFICATION NUMBER C-000-14878
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1400 K Street NW #B01		
CITY, STATE and ZIP CODE Washington, DC 20005		
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>04-01-96</u> through <u>06-30-96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 36,373.79
(b) Cash on Hand at Beginning of Reporting Period	\$ 31,598.93	
(c) Total Receipts (from Line 19)	\$ 27,305.67	\$ 29,697.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 58,904.60	\$ 66,071.60
7. Total Disbursements (from Line 30)	\$ 9,000.00	\$ 16,167.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 49,904.60	\$ 49,904.60
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 20483 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 Jahan Ahmad	Date
Signature of Treasurer <i>Jahan Ahmad</i>	7/19/96

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

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FEC FORM 3X  
(revised 9/83)

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

(revised 1/1/91)

NAME OF COMMITTEE GENERAL AVIATION MANUFACTURERS ASSN. POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 04-01-96 TO 06-30-96	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
b. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		17,150.00	17,750.00
ii. Unitemized		1,690.00	1,690.00
iii. Total (add i and ii) >		18,840.00	19,440.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)		8,315.00	9,931.00
d. Total Contributions (add a ii, b and c) >		27,155.00	29,371.00
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.)		150.67	326.81
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		27,305.67	29,697.81
20. Total Federal Receipts (subtract line 16 from line 19) >			
<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			
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		9,000.00	16,000.00
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		- 0 -	167.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31. Total Federal Disbursements (subtract line 21 a-ii from line 30) >		9,000.00	16,167.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		27,155.00	29,371.00
33. Total Contribution Refunds (from line 28d)		-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)		27,155.00	29,371.00
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) >		-	-

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 01 OF 06  
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 FW) **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
RUSSELL W. MEYER, JR. 600 TARA CT. WICHITA, KS 67206	CESSNA AIRCRAFT Co.	5/9/96	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A.L. UELTSCHI Marine Air Terminal La Guardia Airport, New York, N.Y. 11371	Flight Safety Int'l.	5/9/96	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	Aggregate Year-to-Date > \$ 2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WIRT D. WALKER 7200 NW 63 <sup>rd</sup> ST. BETHANY, OK 73008	COMMANDER AIRCRAFT Co.	6/6/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JAMES W. BROWN 1294 PARK AV. PIQUA, OHIO 45356	HARTZELL PROPELLER	6/6/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ARTHUR R. DISBROW 2940 BROKEN WOODS DR. TROY, OHIO 45373	HARTZELL PROPELLER	6/6/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FREDERICK B. SANTA G 1185 PONTE VERDE BLVD. PONTE VERDE BEACH, FL 32082	UNISON INDUSTRIES	6/6/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HELEN L. NEWMAN 2001 N. NELSON ST. ARLINGTON, VA. 22207	GULFSTREAM AEROSPACE CORP	6/6/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 250.00	

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

7,250.00

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 6  
FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code FRED BREIDENBACH 13 ASHLEY HALL DR. BLUFFTON, SC 29910 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GULFSTREAM AEROSPACE CORP. Occupation PRESIDENT Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/6/96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code BRYAN T. MOSS 1060 WILCOX RD. ROSWELL, GA 30075 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GULFSTREAM AEROSPACE CORP. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code W. R. MONTGOMERY 10401 S.E. 30th ST. BELLEVUE, WA 98004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PRECISION AEROSPACE CORP. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code LLOYD CURTIS 5th Cessna Blvd. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code PATRICK BOYARSKI 1 CESSNA BLVD. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 200.00
F. Full Name, Mailing Address and ZIP Code M. D. SILLS 1 CESSNA BLVD. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code MIKE SHONKA 1 CESSNA BLVD. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ..... 2,850.00

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 03 OF 6  
FOR LINE NUMBER

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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
C. R. RICHARDS 1 CESSNA BLVD. WICHITA, KS 67215	CESSNA AIRCRAFT Co.	6/18/96	275.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GORDON VIETH 1 CESSNA BLVD. WICHITA, KS 67215	CESSNA AIRCRAFT Co.	6/18/96	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 350.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAN BURKLEO 1 CESSNA BLVD. WICHITA, KS 67215	CESSNA AIRCRAFT Co.	6/18/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT KNEBEL 1 CESSNA BLVD. WICHITA, KS 67215	CESSNA AIRCRAFT Co.	6/18/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. PETERMAN 1 CESSNA BLVD. WICHITA, KS. 67215	CESSNA AIRCRAFT Co.	6/18/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER REDMAN 1 CESSNA BLVD. WICHITA, KS. 67215	CESSNA AIRCRAFT Co.	6/18/96	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GIL TATMAN 1 CESSNA BLVD. WICHITA, KS. 67215	CESSNA AIRCRAFT Co.	6/18/96	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) ..... 2,625.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code JOHN MOORE 1 CESSNA BLVD. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 750.00
B. Full Name, Mailing Address and ZIP Code JIM MORGAN 1 CESSNA BLVD. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code C. JOHNSON 1 CESSNA BLVD. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code GARY HAY 1 CESSNA BLVD. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 800.00
E. Full Name, Mailing Address and ZIP Code DAVID JENNINGS 1 CESSNA BLVD. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 225.00
F. Full Name, Mailing Address and ZIP Code SUSAN BRIGHT 1 CESSNA BLVD. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code RON CHAPMAN 1 CESSNA BLVD. WICHITA, KS 67215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CESSNA AIRCRAFT Co. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ..... 3,875.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> LAWRENCE DAMM 1 CESSNA BLVD. WICHITA, KS 67215</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CESSNA AIRCRAFT Co.</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>	<p>Date (month, day, year) 6/18/96</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> ARBERRY BARRETT 1 CESSNA BLVD. WICHITA, KS 67215</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CESSNA AIRCRAFT Co.</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date &gt; \$ 350.00</p>	<p>Date (month, day, year) 6/18/96</p>	<p>Amount of Each Receipt this Period 350.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) ..... 550.00

TOTAL This Period (last page this line number only) ..... 17,150.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 06 OF 06  
FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code UNITED TECH. CORP PAC 1401 EYE ST. NW, # 600 WASH., DC 20005	Name of Employer N/A  Occupation N/A Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 4/3/96	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A  Occupation N/A Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 6/19/96	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and ZIP Code RAYTHEON POLITICAL ACTION CMTE. 141 SPRING ST. LEXINGTON, MA 02173	Name of Employer N/A  Occupation N/A Aggregate Year-to-Date > \$ 1,431.00	Date (month, day, year) VARIOUS	Amount of Each Receipt this Period 1,315.00
C. Full Name, Mailing Address and ZIP Code ROCKWELL INT'L. CORP. GOOD GOVT. CMTE. 625 LIBERTY AVE. PITTSBURGH, PA. 15222	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	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	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	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	Name of Employer   Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... 8,315.00

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 01 OF 12  
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF FRANK WOLF P.O. Box 6596 McLEANS, VA 22106	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-23-96	1,000.00
KOLBE '96 COMMITTEE P.O. Box 31568 TUCSON, AZ 85751	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-23-96	500.00
FRIENDS OF JIM OBERSTAR P.O. Box 465 DULUTH, MN 55802	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-23-96	1,000.00
WELLER FOR CONGRESS 4451 BROOKFIELD CORP. DR. #200 CHANTILLY, VA 22021	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-30-96	500.00
FRIENDS OF LARRY PRESSLER P.O. Box 77166 WASH., DC 20013	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-16-96	1,000.00
FRIENDS OF RON PACKARD 1212 N. VERNON ST. ARLINGTON, VA 22201	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-21-96	500.00
BILL FRIST FOR SENATE 4205 HILLSBORO RD., #306 NASHVILLE, TN 37215	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-22-96	500.00
FRIENDS OF JIM INHOFE 507 CAPITAL CT., NE, #100 WASH. DC 20002	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-96	1,000.00
WYDEN FOR SENATE P.O. Box 3498 PORTLAND, OR 97208	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-12-96	1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER

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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
CRAIG FOR U.S. SENATE 415 N. 86 ST. BOISE, ID 83702	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-22-96	\$500.00
BUD SHUSTER FOR CONGRESS P.O. Box 25703 ALEXANDRIA, VA. 22313	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-25-96	\$1,000.00
FRIENDS OF JENNIFER DUNN 1212 N. VERNON ST. ARLINGTON, VA. 22201	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-25-96	\$500.00
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) ..... **2,000.00**

TOTAL This Period (last page this line number only) ..... **9,000.00**

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

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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

*JS*  
PREPARER

→ 22-96  
DATE PREPARED