

2006 DEC 26 A 9:34

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

SabrePAQ Sabreliner Corporation Political Action Committee

ADDRESS (number and street) 7733 Forsyth Blvd., Suite 1500

(Check if address  
is changed)

St. Louis MO 63105 - 1821

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

marutledge@sabreliner.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

314 - 863 - 6774

2. DATE

12 / 18 / 2006

3. FEC IDENTIFICATION NUMBER ►

C 00178053

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael V. McKay

Signature of Treasurer

*Michael V. McKay*

Date

12 / 18 / 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Sabreliner Corporation \_\_\_\_\_

Mailing Address 7733 Forsyth Blvd., Suite 1500 \_\_\_\_\_

St. Louis MO 63105 - 1821 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

26033314876

Write or Type Committee Name

SabrePAC Sabreliner Corporation Political Action Committee

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name | Mary Ann Rutledge |

Mailing Address | Sabreliner Corporation |

| 7733 Forsyth Blvd., Suite 1500 |

| St. Louis | | MO | | 63105 | - | 1821 |

Title of Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Assistant Treasurer | Telephone number | 314 | - | 863 | - | 6880 |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer | Michael V. McKay |

Mailing Address | Sabreliner Corporation |

| 7733 Forsyth Blvd., Suite 1500 |

| St. Louis | | MO | | 63105 | - | 1821 |

Title of Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Treasurer | Telephone number | 314 | - | 863 | - | 6880 |

Full Name of Designated Agent | Mary Ann Rutledge |

Mailing Address | Sabreliner Corporation |

| 7733 Forsyth Blvd., Suite 1500 |

| St. Louis | | MO | | 63105 | - | 1821 |

Title of Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Assistant Treasurer | Telephone number | 314 | - | 863 | - | 6880 |

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US Bank

Mailing Address

P.O. Box 1800

St. Paul MN 55101-0800

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC 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"/>	USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/>	USPS Registered/Certified	Postmarked (R/C) <i>12/18/06</i>
<input type="checkbox"/>	USPS Priority Mail	Postmarked
	Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/>	USPS Express Mail	Postmarked
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
		Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked

*JS*  
 PREPARER  
 (3/2005)

*12/26/06*  
 DATE PREPARED