

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) SABREPAC SABRELINER CORPORATION POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C00178053
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 7733 Forsyth, Suite 1500		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE St. Louis, MO 63015		

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 |

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election 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>7/1/99</u> through <u>12/31/99</u>		
6. (a) Cash on Hand January 1, 1999		\$ 3,787.30
(b) Cash on Hand at Beginning of Reporting Period	\$ 707.18	
(c) Total Receipts (from Line 19)	\$ 7,300.00	\$ 13,300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8,007.18	\$ 17,087.30
7. Total Disbursements (from Line 30)	\$ 1,180.23	\$ 10,260.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,826.95	\$ 6,826.95
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 20463 Toll Free 800-424-9530 Local 202-694-1100
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

Susan S. Aselego

Signature of Treasurer

Susan S. Aselego

Date

1/28/00

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)

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

[revised 1/1/91]

NAME OF COMMITTEE		REPORT COVERING PERIOD		
SABREPAC SABRELINER CORPORATION POLITICAL ACTION COMMITTEE		FROM 7/1/99	TO 12/31/99	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual Persons Other Than Political Committees			11(a)(1)
i.	Itemized (use Schedule A)	6,875.00	12,875.00	11(a)(1)(i)
ii.	Unitemized	425.00	425.00	11(a)(1)(ii)
ii.	Total (add i and ii) >	7,300.00	13,300.00	11(a)(1)(ii)
b.	Political Party Committees	0	0	11(b)
c.	Other Political Committees (such as PACs)	0	0	11(c)
d.	Total Contributions (add a ii, b and c) >	7,300.00	13,300.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	0	0	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.)	0	0	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7,300.00	13,300.00	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	7,300.00	13,300.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)(1)
i.	Federal Share	0	0	21(a)(1)(i)
ii.	Non-Federal Share	180.23	360.35	21(a)(1)(ii)
a.	Other Federal Operating Expenditures	180.23	360.35	21(a)
c.	Total Operating Expenditures (add a i, a ii, and b) >	180.23	360.35	22
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	9,900.00	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)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			28(a)
a.	Individuals/Persons Other Than Political Committees			28(b)
b.	Political Party Committees			28(c)
c.	Other Political Committees (such as PACs)			28(d)
d.	Total Contribution Refunds (add a, b and c) >	0	0	28
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,180.23	10,260.35	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,180.23	10,260.35	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	7,300.00	13,300.00	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	7,300.00	13,300.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	180.23	360.35	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	180.23	360.35	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	2
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 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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald A. Herman P.O. Box 12 Perryville, MO 63775	Sabreliner Corporation	8/14/99	\$850.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P./General Mgr.		Aggregate Year-to-Date > \$ 850
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Burroughs HGR 61 Box 167 Frohna, MO 63748	Sabreliner Corporation	8/27/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Plant Controller-PVL		Aggregate Year-to-Date > \$250
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Sumoski 308 S. Riebeling Columbia, IL 62236	Sabreliner Corporation	8/27/99	\$800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr. Parts Sales		Aggregate Year-to-Date > \$ 800
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John R. Dunn 780 Whispering Meadow St. Louis, MO 63021	Sabreliner Corporation	8/12/99	\$1,100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir., Human Resources		Aggregate Year-to-Date > \$1,100
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claire M. Stewart No. 7 Dogwood Lane St. Louis, MO 63124	Sabreliner Corporation	8/17/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice Pres., Materiel		Aggregate Year-to-Date > \$1,000
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry L. Leath 172628 Myrtlewood Dr. Chesterfield, MO 63005	Sabreliner Corporation	8/24/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec.V.P. & COO		Aggregate Year-to-Date > \$1,500
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rarold Schilling 678 Stone Hill Lane Altenburg, MO 63732	Sabreliner Corporation	9/1/99	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr. Operations Support		Aggregate Year-to-Date > \$ 300

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) **\$6,875.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
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 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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cathy Randolph 2636 Moore Dr. Perryville, MO 63775	Sabreliner Corporation	8/27/99	\$225.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr., Human Resources	Aggregate Year-to-Date > \$ 225	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William E. Niedringhaus 1 S. Shore Lane Collinsville, IL 62234	Sabreliner Corporation	9/19/99	\$600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir., Quality Assurance	Aggregate Year-to-Date > \$ 600	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter R. Bridges 3609 Rolling Lane Midwest City, OK 73110	Sabreliner Corporation	10/1/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Field Manager	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Wade 45 High Trails Estates Eureka, MO 63025	Sabreliner Corporation	10/1/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir., Facilities & Spec. Proj.	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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 1 OF 1
FOR LINE NUMBER 30

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, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Team Emerson P.O. Box 822 Cape Girardeau, MO 63702	Jo Ann Emerson House (R-MD, B)	11/3/99	\$1,000
B. 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
C. 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
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)

TOTAL This Period (last page this line number only)

\$1,000

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 1/28/00
<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	
 BB PREPARER	 2/3/00 DATE PREPARED