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)
AIL Systems Inc. Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
455 Commack Road

CITY, STATE and ZIP CODE
Deer Park, New York 11729

2. FEC IDENTIFICATION NUMBER
C00292953

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 11/29/94 through 12/31/94		
6. (a) Cash on Hand January 1, 19 94		$ -0-
(b) Cash on Hand at Beginning of Reporting Period	$ 5,136.86	
(c) Total Receipts (from Line 19)	$ 1,737.50	$ 14,388.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 6,874.36	$ 14,388.36
7. Total Disbursements (from Line 30)	$ -0-	$ 7,514.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6,874.36	$ 6,874.36
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
Darrell L. Reed

Signature of Treasurer [signature]

Date 1/17/95

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)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: AIL Systems Inc. Political Action Committee

REPORT COVERING PERIOD FROM 11/29/94 TO: 12/31/94

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)	679.00	8,172.00	11(a)(i)
ii. Unitemized	1,037.05	6,152.60	11(a)(ii)
iii. Total (add i and ii) ➤	1,716.05	14,324.60	11(a)(iii)
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) ➤	1,716.05	14,324.60	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	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.)	21.45	61.76	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) ➤	1,737.50	14,388.36	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,737.50	14,388.36	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)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	7,500.00	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)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:	-0-	-0-	
a. Individuals/Persons Other Than Political Committees			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-	14.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	-0-	7,514.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	-0-	7,514.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,716.05	14,324.60	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,716.05	14,324.60	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.A.i

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)

AIL Systems Inc. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date	Amount of Each Receipt this Period
Jon Anderson 1745 Jefferson Davis Highway Suite 601 Arlington, VA 22202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Dir.Government Relations	Payroll Deduction 11/29-12/31 Aggregate Year-to-Date $ 308.00	$30.00 6.00 weekly
Thomas Boyle 3 Shelby Court East Northport, NY 11731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Counsel & Asst. Secretary	Payroll Deductions 11/29-12/31 Aggregate Year-to-Date $ 236.00	$0.00 4.00 weekly
Edmund Bresnihan 190 W. Islip Road West Islip, NY 11795 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: VP-Programs & Tech	Payroll Deduction 11/29-12/31 Aggregate Year-to-Date $ 530.00	$50.00 10.00 weekly
Theodore Caccia 71 S. Montgomery Avenue Bayshore, NY 11706-8807 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Program II	Payroll Deduction 11/29-12/31 Aggregate Year-to-Date $ 222.00	$20.00 4.00 weekly
Robert Clark 1 Windswest Lane East Setauket, NY 11733 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Material Mgmt	Payroll Deduction 11/29-12/31 Aggregate Year-to-Date $ 222.00	$20.00 4.00 weekly
Patricia Comiskey 5 New Street Great River, NY 11739 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Dir. Human Resources	Payroll Deduction 11/29-12/31 Aggregate Year-to-Date $ 222.00	$20.00 4.00 weekly
Herbert Cowell 120 Greeley Avenue Sayville, NY 11782 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Mgmt. Oper	Payroll Deduction 11/29-12/31 Aggregate Year-to-Date $ 218.00	$20.00 4.00 weekly

SUBTOTAL of Receipts This Page (optional) 160.00

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

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4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

AIL Systems Inc. Political Action Committee

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Michael DuBritz 6 Leah Lane Plainview, NY 11803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AIL Systems Inc. Subsidiary of Eaton Corp. Occupation Manager-Mfg.Operations Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 222.00	$20.00 4.00 weekly
B. Full Name, Mailing Address and ZIP Code George Fox 8 East Gate Lane Oldfield, NY 11733 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AIL Systems Inc. Subsidiary of Eaton Corp. Occupation Manager-B-1B Prod.Ops Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 222.00	$20.00 4.00 weekly
C. Full Name, Mailing Address and ZIP Code Charles Fraime 52 Pine Hill Lane Dix Hills, NY 11746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AIL Systems Inc. Subsidiary of Eaton Corp. Occupation Manager-Program II Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 222.00	$20.00 4.00 weekly
D. Full Name, Mailing Address and ZIP Code Toby Kramer 20 Gallatin Drive Dix Hills, NY 11746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AIL Systems Inc. Subsidiary of Eaton Corp. Occupation Manager-Info. Tech Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 210.00	$8.00 4.00 weekly
E. Full Name, Mailing Address and ZIP Code Harvey Kreisberg 93 Tahlulah Lane West Islip, NY 11795 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AIL Systems Inc. Subsidiary of Eaton Corp. Occupation Dir.Corporate Develop. Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 222.00	$20.00 4.00 weekly
F. Full Name, Mailing Address and ZIP Code Ronald Lange 23 Whitehall Drive Huntington, NY 11743 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AIL Systems Inc. Subsidiary of Eaton Corp. Occupation Manager-Dept. II Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 222.00	$20.00 4.00 weekly
G. Full Name, Mailing Address and ZIP Code James Lyons 10 McArthur Lane Smithtown, NY 11787 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AIL Systems Inc. Subsidiary of Eaton Corp. Occupation Manager-Transp. Naviga. Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 210.00	$8.00 4.00 weekly

SUBTOTAL of Receipts This Page (optional)	116.00
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 3 OF 5

FOR LINE NUMBER 11.A.i

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NAME OF COMMITTEE (In Full)

AIL Systems Inc. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Edward Magil 1049 East 18th Street Brooklyn, NY 11238 Receipt For: Primary / General / Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Program I Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 308.00	$30.00 6.00 weekly
B. Gloria Marchese 49 Franklin Street Northport, NY 11768 Receipt For: Primary / General / Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Spec.Proj.Claims Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 182.00	$0.00 4.00 weekly
C. Jack Migliaccio 22 Donville Drive Greenlawn, NY 11740 Receipt For: Primary / General / Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Dir. Business Develop Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 308.00	$30.00 6.00 weekly
D. Henry Paczkowski 53-11 39th Avenue Woodside, NY 11377 Receipt For: Primary / General / Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Dept. II Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 222.00	$20.00 4.00 weekly
E. Eduardo Palacio 2541 Hyacinth Street Westbury, NY 11590 Receipt For: Primary / General / Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Program I Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 222.00	$20.00 4.00 weekly
F. Joseph Morrone 1536 4th Street West Babylon, NY 11704 Receipt For: Primary / General / Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Dept. I Aggregate Year-to-Date $	Payroll Deductions 11/29-12/31 222.00	$20.00 4.00 weekly
G. Darrell Reed 10 Swan Place St. James, NY 11780 Receipt For: Primary / General / Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: VP & Chief Finan&Admin Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 550.00	$50.00 10.00 weekly

SUBTOTAL of Receipts This Page (optional) 170.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A.i

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NAME OF COMMITTEE (In Full)

AIL Systems Inc. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Stanley Scheiner 34 Carriage House Drive Jericho, NY 11753 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Dir. Contract Mgmt Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 222.00	$20.00 4.00 weekly
B. James Short 28 Westfield Drive Centerport, NY 11721 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Dir. Programs Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 308.00	$30.00 6.00 weekly
C. James Smith 8 Dexter Court Hauppauge, NY 11788 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: President/CEO Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 530.00	$50.00 10.00 weekly
D. Karl Sygall 44 Patchogue Drive Rocky Point, NY 11778 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Program II Aggregate Year-to-Date $	Payroll Deductions 12/29-12-31 222.00	$20.00 4.00 weekly
E. James Whelehan 122 Hidden Pond Circle Smithtown, NY 11787 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Adv. Tech. Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 214.00	$12.00 4.00 weekly
F. Gordon T. Corlew 45 Bob-O-Link Lane Northport, NY 11768 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: VP-Eng. & Prod. Aggregate Year-to-Date $	Payroll Deduction 11/29-12-31 530.00	$50.00 10.00 weekly
G. Robert Lukachinski 135 Old Winkle Point Road Eatons Neck, NY 11768 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL Systems Inc. Subsidiary of Eaton Corp. Occupation: Manager-Program II Aggregate Year-to-Date $	Payroll Deduction 11/29-12-31 222.00	$20.00 4.00 weekly

SUBTOTAL of Receipts This Page (optional) 202.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.A.i

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NAME OF COMMITTEE (In Full)

AIL Systems Inc. Political Action Committee

Name	Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Bernard J. Peyton 15 Gaston Street S. Huntington, NY 11746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AIL Systems Inc. Subsidiary of Eaton Corp. Occupation Manager-Space Systems Aggregate Year-to-Date $	Payroll Deduction 11/29-12-31 218.00	$16.00 4.00 weekly
B. Full Name, Mailing Address and ZIP Code Alfred J. Roman 4 Cason drive Commack, NY 11725 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer AIL Systems Inc. Subsidiary of Eaton Corp. Occupation Dir.-Financial Mgmt. Aggregate Year-to-Date $	Payroll Deduction 11/29-12/31 204.00	$15.00 3.00 weekly
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)	31.00
TOTAL This Period (last page this line number only)	679.00

9 5 0 3 9 5 9 3 9 5 6

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11.A.ii

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NAME OF COMMITTEE (In Full)

AIL Systems Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Contributions from Individuals Un-itemized	AIL Systems Inc. Subsidiary of Eaton Corp.	11/29 – 12/31/94 (Checks)	$0.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	1,738.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Contributions from Individuals Un-itemized	AIL Systems Inc. Subsidiary of Eaton Corp.	11/29 – 12/31/94 Payroll Deduction	$1,037.05
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	4,414.60	

C. 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 > $		

D. 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 > $		

E. 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 > $		

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)	1,037.05
TOTAL This Period (last page this line number only)	1,037.05

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4-00173

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)

AIL Systems Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period -0-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	-0-
TOTAL This Period (last page this line number only)	-0-

4-00173

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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
☑	Registered/Certified Mail	POSTMARKED 1-24-95
☐	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

PREPARER

1-27-95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 2 5 9 3 9 5 9