

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Dimension Aviation PAC	2. DATE 1/14/99
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 7733 Forsyth Blvd., Ste. 1500	3. FEC Identification Number C00308288
(c) City, State and ZIP Code St. Louis, MO 63105	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

5. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
See attachment.		

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
Susan S. Aselage	7733 Forsyth Blvd., Ste. 1500 St. Louis, MO 63105	Treasurer

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	Mailing Address	Title or Position
Susan S. Aselage	7733 Forsyth Blvd., Ste. 1500	Treasurer
Mary Ann Rutledge	St. Louis, MO 63105	Assistant Treasurer

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.	Mailing Address and ZIP Code
Mercantile Bank N.A.	P.O. Box 524 St. Louis, MO 63166-0524

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 <i>Susan S. Aselage</i> Susan S. Aselage	SIGNATURE OF TREASURER	DATE 1/14/99
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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.

**Attachment to the
Statement of Organization
of
Dimension Aviation PAC**

Question #6

<u>Name of Any Connected Organization or Affiliated Committee</u>	<u>Mailing Address and Zip Code</u>	<u>Relationship</u>
Dimension Aviation	Sky Harbor International Airport 3737 East Bonanza Way Phoenix, Arizona 85034	Connected Organization
SabrePAC Sabreliner Corporation Political Action Committee	7733 Forsyth Blvd. Suite 1500 St. Louis, Missouri 63105	Affiliated Committee
Midcoast Aviation, Inc. Political Action Committee	c/o Sabreliner Corporation 7733 Forsyth Blvd. Suite 1500 St. Louis, Missouri 63105	Affiliated Committee

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 1-15-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
<i>SEP</i> PREPARER	1-20-99 DATE PREPARED