



RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AOPA LEGISLATIVE ACTION

500 E Street, SW • Suite 250 • Washington, DC 20024
Telephone (202) 479-4050 • FAX (202) 484-1312

Apr. 8 11 PM '98

April 1, 1998

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Amendment to AOPA Legislative Action PAC's
Statement of Organization

Dear Sir or Madam:

Enclosed for filing pursuant to the Federal Election Campaign Act is an amendment to AOPA Legislative Action PAC's (FEC ID# C00309856) Statement of Organization. The enclosed amended registration form reflects a change in the position of Assistant Treasurer for the PAC.

Thank you for your attention to the above matter.

Sincerely,

John S. Vodice
John S. Vodice
Secretary and General Counsel

Enclosures

AMENDMENT TO STATEMENT OF ORGANIZATION
FEDERAL ELECTION CAMPAIGN ACT
AOPA LEGISLATIVE ACTION PAC
C00309856
John S. Vodice
Secretary and General Counsel
500 E Street, SW
Washington, DC 20024
Telephone (202) 479-4050
FAX (202) 484-1312

STATEMENT OF ORGANIZATION
 (See reverse side for instructions)

RECEIVED
FEDERAL ELECTION COMMISSION
MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL AOPA Legislative Action PAC	<input type="checkbox"/> (Check if name is changed)	2. DATE 1998-31-98
(b) Mailing Address 500 E Street, SW Suite 250	<input type="checkbox"/> (Check if address is changed)	3. FED IDENTIFICATION NUMBER C00309856
(c) City, State and ZIP Code Washington, DC 20024		4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

E. 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
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- (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) (Democrat, 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.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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

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

James Ilurst 421 Aviation Way Asst. Treasurer
 Frederick, MD 21701

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

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 Roger C. Myers, Jr.	SIGNATURE OF TREASURER <i>Roger C. Myers</i>	DATE 3-31-98
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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.

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For further information contact:
 Federal Election Commission
 Toll-free 800-424-9830
 Local 202-278-3120

FEC FORM 1
 (revised 4/97)

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 <i>4-6-98</i>
<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): Electronic Filing	Postmarked and/or Date of Receipt
<i>fep</i>	PREPARER	<i>4-8-98</i> DATE PREPARED