



**AOPA LEGISLATIVE ACTION**

500 E Street, SW • Suite 920 • Washington, DC 20024  
Telephone (202) 479-4050 • FAX (202) 484-1312

FILED  
NOV 23 1998

107 21 11 2-11-98

November 23, 1998

Stephanie Watson  
General Counsel's Office  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

RE: MUR 4858

Dear Ms. Watson:

Roger Myers, treasurer of the AOPA Legislative Action PAC, has requested that I respond to a November 12, 1998 letter he received from Scott E. Thomas, Acting Chairman of the FEC.

In Mr. Thomas' letter he states that the Commission has found that there is reason to believe that the AOPA Legislative Action PAC violated the Federal Election Campaign Act by failing to timely file the 1998 April Monthly Report that was due on April 20, 1998. Upon receiving the letter we conducted an investigation of the PAC's records. Our investigation indicates that the April Report was filed timely and that the AOPA Legislative Action PAC and Mr. Myers fulfilled their obligations under the Act.

On April 20, 1998, Mr. Myers caused to be delivered to the Frederick, Maryland Post Office an envelope addressed to the Federal Election Commission containing the 1998 April Monthly Report for AOPA Legislative Action. This envelope was sent by certified mail with a return receipt requested. I have enclosed a copy of the mailing receipt. We received the return receipt indicating that the FEC received the envelope containing the 1998 April Monthly Report at 11:34 AM on April 24, 1998. I have enclosed a copy of the return receipt date and time stamped by the FEC for your review.

Ms. Stephanie Watson

November 23, 1998

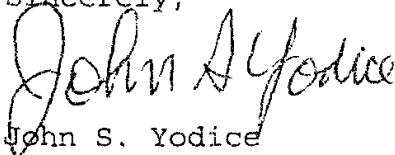
Page 2

The Factual and Legal Analysis sent with Mr. Thomas' letter, states that the 1998 April Monthly Report was filed 49 days late on June 8, 1998. Our investigation concluded that the only 1998 April Monthly Report that was sent to the FEC was the original report sent on April 20, 1998. I have enclosed a copy of the report that was mailed on April 20, 1998 for your comparison with the report the Commission believes was filed on June 8<sup>th</sup>.

The Commission bases this compliance action on the belief that AOPA Legislative Action PAC violated the Act by failing to timely file the 1998 April Monthly Report. That monthly report was due no later than April 20, 1998. On April 20, 1998, Roger Myers caused to be mailed by certified mail the original 1998 April Monthly Report (FEC Form 3X). Chapter 11, section 104.5(e) of the Code of Federal Regulations considers a report sent by certified mail filed on the date of the U.S. post mark. The 1998 April Report should therefore be considered filed on April 20, 1998. Consequently, AOPA Legislative Action PAC, through its treasurer Roger Myers, fulfilled its obligation to file a timely 1998 April Monthly Report.

I hope that this letter and the attached documentation satisfies the Commission that there has been no violation of the Act. AOPA Legislative Action PAC and Roger Myers take their reporting responsibilities very seriously and are eager to satisfy the Commission that they have fulfilled their responsibilities. If you have any questions or if you need additional information to assist you in disposing of this matter, please contact me or my associate, Caroline Conway at 202-863-1000.

Sincerely,



John S. Yodice  
General Counsel

Enclosures

Copy of Certificate of Mailing of April 1998 Report  
Copy of Return Receipt of Mailing of April 1998 Report  
Copy of Report Mailed on April 20, 1998  
Statement of Designation of Counsel

STATEMENT OF DESIGNATION OF COUNSEL

MUR 4858

NAME OF COUNSEL: John S. Yodice

ADDRESS: 500 E Street, NW

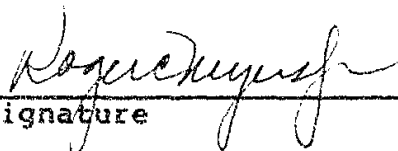
Suite 240

Washington, DC 20024

TELEPHONE: 202-863-1000

The above-named individual is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

11/23/98  
Date

  
Signature

RESPONDENT'S NAME: AOPA Legislative Action PAC

ADDRESS: 421 Aviation Way

Frederick, MD 21701

HOME PHONE: \_\_\_\_\_

BUSINESS PHONE: 301-695-2263

NAME and Address of Sender  
**AUFA**  
**421 AVIATION WAY**  
**FREDERICK, MD 21701**

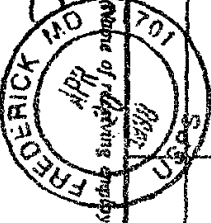
Indicate type of mail:  
☐ Registered  
☐ Insured  
☐ COD  
☐ Certified  
☐ Return Receipt For Merchandise  
☐ First Recorded Del.  
☐ Express Mail

Check appropriate block for Registered Mail:  
☐ With Postal Insurance  
☐ Without Postal Insurance

Affix stamp here if issued as certificate of mailing or for additional copies of this bill.

POSTMASTER AND DATE OF RECEIPT

Article Number	Name of Addressee, Street, and Post Office Address	Postage	Fee	Handling Charge	Art. Value (if Reg.)	Insured Value	Dug Sender if COD	R. R. Fee	S. O. Fee	S. M. Fee	Reg. Del. Fee
1	Z334 812 353 Public Records Division Office of the Secretary of the Commonwealth One Ashburton Place Room 1719 Boston MA 02108	1.01	1.35					1.10			
2											
3											
4	ca. 221										
5											
6	Z334 812 354 State Board of Elections 100 West Randolph Street Suite 414-100 Chicago, IL 60601	1.01	1.35					1.10			
7											
8	ca. 221										
9											
10	P 989793 945 Public Records Office Federal Election Commission 999 E. Street, NW Washington, DC 20463										
11											
12											
13	ca. 221										
14											
15											
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office		POSTMASTER, PER (Indicate if delivering employee)							



The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of loss of registrable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, with optional postal insurance. See Domestic Mail Manual 913 and 914 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to third and fourth class parcels.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressed Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Public Records Office  
Federal Election Commission  
999 E Street N W  
Washington, DC 20463

**4a. Article Number**

2589 723

**4b. Service Type**

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

**7. Date of Delivery**

**5. Signature (Addressee)**

**8. Addressee's Address (Only if requested and fee is paid)**

**6. Signature (Agent)**

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.



**AIRCRAFT OWNERS AND PILOTS ASSOCIATION**

421 Aviation Way • Frederick, MD 21701-4798  
Telephone (301) 695-2000 • FAX (301) 695-2375  
www.aopa.org

April 20, 1998

AOPA Legislative Action Political Action Committee  
421 Aviation Way  
Frederick, Maryland 21701

**FEDERAL ID # C 00309856**

Public Records Office  
Federal Election Commission  
999 E Street, NW.  
Washington, D.C. 20463

Dear Sir/Madam:

Enclosed you will find the AOPA Legislative Action Political Action Committee FEC Monthly Report for March 1998. Also, attached are copies of letters that were sent out to contributors who did not supply the necessary information requested by the FEC.

If you have any question pertaining to this report, please call me at (301) 695-2066.

Sincerely,

James Hurst  
Assistant Treasurer

# 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)

AOPA Legislative Action Political Action Committee

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

421 Aviation Way

CITY, STATE and ZIP CODE

Frederick, MD 21701

## 2. FEC IDENTIFICATION NUMBER

C00309856

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

☐ 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

5. Covering Period 3/1/98 through 3/31/98

6. (a) Cash on Hand January 1, 1998

(b) Cash on Hand at Beginning of Reporting Period

(c) Total Receipts (from Line 19)

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and  
Lines 6(a) and 6(c) for Column B)

7. Total Disbursements (from Line 30)

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

9. Debts and Obligations Owed TO the Committee  
(Itemize all on Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee  
(Itemize all on Schedule C and/or Schedule D)

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

		\$ 314,055.15
	\$ 342,790.91	
	\$ 23,054.42	\$ 119,748.80
	\$ 365,845.33	\$ 433,803.95
	\$ 65,357.24	\$ 133,315.86
	\$ 300,488.09	\$ 300,488.09
	\$ 1,244.00	
	\$ 28,002.73	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-426-3630  
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

Roger C. Myers, Jr. - Treasurer

Signature of Treasurer

*Roger Myers*

Date

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)

PAC COMMITTEE		REPORT COVERING PERIOD	
AOPA Legislative Action Political Action Committee		FROM 3/1/98	TO: 3/31/98
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		2,250.00	17,851.00
i. Itemized (use Schedule A) .....			
ii. Unitemized .....		19,486.12	99,286.22
iii. Total .....	(add i and ii) >	21,736.12	117,137.22
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....	(add a ii, b and c) >	21,736.12	117,137.22
12. Transfers From Affiliated/Other Party Committees .....			
13. All Loans Received .....			
14. Loan Repayments Received .....			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			
17. Other Federal Receipts (Dividends, Interest, etc.) .....		1,318.30	2,611.58
18. Transfers from Nonfederal Account for Joint Activity .....			
19. Total Receipts .....	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	23,054.42	119,748.80
20. Total Federal Receipts .....	(subtract line 18 from line 19) >	23,054.42	119,748.80
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			
ii. Non-Federal Share .....			
b. Other Federal Operating Expenditures .....		53,857.24	121,815.86
c. Total Operating Expenditures .....	(add a i, a ii, and b) >	53,857.24	121,815.86
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		11,500.00	11,500.00
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....			
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contribution Refunds .....	(add a, b and c) >		
29. Other Disbursements .....			
30. Total Disbursements .....	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	65,357.24	133,315.86
31. Total Federal Disbursements .....	(subtract line 21 a ii from line 30) >	65,357.24	133,315.86
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....		21,736.12	117,137.22
33. Total Contribution Refunds (from line 28d) .....		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32) .....		21,736.12	117,137.22
35. Total Federal Operating Expenditures .....	(add 21 a i and 21 b) >	65,357.24	133,315.86
36. Offsets to Operating Expenditures (from line 15) .....		0.00	0.00
37. Net Operating Expenditures .....	(subtract line 36 from 35) >	65,357.24	133,315.86

JULE D  
d 3/80)

DEBTS AND OBLIGATIONS  
Excluding Loans

Page 1 of 1 for  
LINE NUMBER 9  
(Use separate schedules  
for each numbered line)

Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Legislative Action PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Nations Bank Market Street Frederick, MD 21701	1,105.00	1,105.00	1,105.00	1,105.00
Nature of Debt (Purpose): Interest Income				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Flight-Photo 7301 Barren Oak Drive Oklahoma, OK 73150	20.00	0.00	0.00	20.00
Nature of Debt (Purpose): Non-sufficient check				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Jeff Herrington 1613 Oak Avenue Gulfport, MI 39507	39.00	0.00	0.00	39.00
Nature of Debt (Purpose): Non-sufficient check				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Raymond Barry 21621 Waldron Farmington Hills, MI 48336	60.00	0.00	0.00	60.00
Nature of Debt (Purpose): Non-sufficient check				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Marc Alexander, LTD 2500 Zanella Way Chico, CA 95928	0.00	20.00	0.00	20.00
Nature of Debt (Purpose): Non-sufficient check				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				1,244.00
TOTALS This Period (last page in this line only)				1,244.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				1,244.00

**SCHEDULE D**  
**(lead 3/80)**

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page 1 of 1 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>1A Legislative Action PAC</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Gorden Smith for US Smith 834 SW St. Claire Avenue Portland, Or 97205	2,500.00	0.00	2,500.00	0.00
Nature of Debt (Purpose): Contribution				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor WB Donor PO Box 67 28701 Detroit, MI 48267	7,093.50	21,166.00	7,093.50	21,166.00
Nature of Debt (Purpose): Marketing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor AOPA 421 Aviation Way Frederick, MD 21701	4,571.93	4,436.23	4,571.93	4,436.23
Nature of Debt (Purpose): Mutual Service Charge				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Direct Mail Advertising 5215 Lawrence Place Hyattsville, MD 20781	7,648.00	0.00	7,648.00	0.00
Nature of Debt (Purpose): Printing				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Yodice 500 E Street SW, suite 920 Washington, DC 20024	0.00	190.50	0.00	190.50
Nature of Debt (Purpose): Legal				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Tri-State 1 Orgler Place Ashland, PA 17921	0.00	2,210.00	0.00	2,210.00
Nature of Debt (Purpose): Printing				
<b>1) SUBTOTALS This Period This Page (optional)</b>				<b>28,002.73</b>
<b>2) TOTALS This Period (last page in this line only)</b>				<b>28,002.73</b>
<b>3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)</b>				
<b>4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b>				<b>28,002.73</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11a1

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)

AOPA Legislative Action PAC

<p>A. Full Name, Mailing Address and ZIP Code</p> <p><u>*See Attachments*</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p> <p>2,250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p>			<p>2,250.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>			<p>2,250.00</p>

49-04-391-0588

SCHEDULE A - ITEMIZED RECEIPTS  
03/01/1998 TO 03/31/1998

NAME/EMPLOYER	ADDRESS/OCCUPATION	CURRENT PERIOD CONTRIBUTION DATE	CURRENT PERIOD RECEIPTS	YTD RECEIPTS
ROBERT T KONG	3200 WILLOW CREEK RD PRESCOTT, AZ 86301-3721 NONE PROVIDED	03/31/1998 100.00 03/31/1998 100.00	100.00 100.00	200.00
NONE PROVIDED				
DON F HOLLINGSWORTH	877 CAMINO CONCORDIA CANARILLO, CA 93010-6497 RETIRED	03/09/1998 300.00	300.00	300.00
WILLIAM S JONES	2330 SPRING HOUSE LN APT B MARINEZ, GA 30907-3445 NONE PROVIDED	03/24/1998 200.00	200.00	200.00
NONE PROVIDED				
WILLIAM G WADE	2652 TOWN FARM RD UNITY, ME 04988 NONE PROVIDED	03/09/1998 200.00	200.00	200.00
NONE PROVIDED				
MICHAEL B STORM	7 MILES PL STATEN ISLAND, NY 10314-5025 NONE PROVIDED	03/10/1998 450.00	450.00	450.00
NONE PROVIDED				
R R DUNKLAP	969 SHOOTING BOX RD KING WILLIAM, VA 23066-2003 RETIRED	03/31/1998 100.00	100.00	200.00
NONE PROVIDED				
BRUCE R MC CAN	PO BOX 1717 BELLEVUE, WA 98009-1717 NONE PROVIDED	03/10/1998 800.00	800.00	800.00
NONE PROVIDED				

GRAND TOTAL FOR THE PERIOD 2,250.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use this Schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 17

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)

AOPA Legislative Action PAC

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Nations Bank Market Street Frederick, MD 21701</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Interest</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p> <p>3/15/98</p>	<p>Amount of Each Receipt this Period</p> <p>1,318.30</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>1,318.30</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p>1,318.30</p>

# EDULE B

## ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER  
21b

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)

AOPA Legislative Action PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> WB Donor PO Box 67 28701 Detroit, MI 48267	<b>Purpose of Disbursement</b> <b>Marketing</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 3/4/98	<b>Amount of Each Disbursement This Period</b> 7,093.50
<b>B. Full Name, Mailing Address and ZIP Code</b> AOPA 421 Aviation Way Frederick, MD 21701	<b>Purpose of Disbursement</b> <b>Mutual Service Charge</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 3/30/98	<b>Amount of Each Disbursement This Period</b> 4,701.93
<b>C. Full Name, Mailing Address and ZIP Code</b> Direct Mail Advertising 5215 Lawrence Place Hyattsville, MD 20781	<b>Purpose of Disbursement</b> <b>Printing</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 3/4/98	<b>Amount of Each Disbursement This Period</b> 7,648.05
<b>D. Full Name, Mailing Address and ZIP Code</b> US Postmaster Frederick, MD 21701	<b>Purpose of Disbursement</b> <b>Postage</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 3/11/98	<b>Amount of Each Disbursement This Period</b> 30,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Nations Bank Market Street Frederick, MD 21701	<b>Purpose of Disbursement</b> <b>Bank Fees</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 3/26/98	<b>Amount of Each Disbursement This Period</b> 259.76
<b>F. Full Name, Mailing Address and ZIP Code</b> IRS Philadelphia, PA 19255	<b>Purpose of Disbursement</b> <b>Income Tax</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 3/17/98	<b>Amount of Each Disbursement This Period</b> 4,154.00
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>H. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>I. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>

SUBTOTAL of Disbursements This Page (optional)

53,857.24

TOTAL This Period (last page this line number only)

53,857.24

# **SCHEDULE B**

## **ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER  
**23**

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)

AOPA Legislative Action PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Building Our Bases PAC PO Box 15377 New Orleans, LA 70175-5377	Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/98	3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Randy Hoffman for Congress PO Box 16751 Encino, CA 91416-6751	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/98	2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Toomey for Congress Committee PO Box 10274 Alexandria, VA 22310	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/98	2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Price for Congress 8205 W. Main St. Belleville, IL 62223	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/98	2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Art Rhodes for Congress PO Box 262 Magnolia, MS 39652	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/98	2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

11,500.00

TOTAL This Period (last page this line number only)

11,500.00



**AIRCRAFT OWNERS AND PILOTS ASSOCIATION**

421 Aviation Way • Frederick, MD 21701-4798  
Telephone (301) 695-2000 • FAX (301) 695-2375

04/17/98

Robert T. Konig  
3200 Willow Creek Road  
Prescott, AZ 86301-3721

Dear Mr. Konig,

**THANK YOU** for your recent contribution to AOPA Legislative Action-PAC!  
Contributions from you and other AOPA Legislative Action supporters ensure the voices  
representing the interests of general aviation are heard loud and clear in Washington,  
D.C.

Please take a moment to assist us once again. We are required by federal law to request  
the following information regarding our PAC contributors. Please provide the  
information below and return this letter in the enclosed business reply envelope.

Name of Employer: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

We appreciate your continued support!

Sincerely,

Lori Wilcom  
Supervisor  
Member Assistance

99.04.391.0593



**AIRCRAFT OWNERS AND PILOTS ASSOCIATION**

421 Aviation Way • Frederick, MD 21701-4798  
Telephone (301) 695-2000 • FAX (301) 695-2375

04/17/98

William S. Jones  
2330 Spring House Lane  
Apt. B  
Martinez, GA 30907-3445

Dear Mr. Jones,

**THANK YOU** for your recent contribution to AOPA Legislative Action-PAC!  
Contributions from you and other AOPA Legislative Action supporters ensure the voices representing the interests of general aviation are heard loud and clear in Washington, D.C.

Please take a moment to assist us once again. We are required by federal law to request the following information regarding our PAC contributors. Please provide the information below and return this letter in the enclosed business reply envelope.

Name of Employer: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

We appreciate your continued support!

Sincerely,

Lori Wilcom  
Supervisor  
Member Assistance

4650 "163" 40 "66  
99 04 29 1 05 94



**AIRCRAFT OWNERS AND PILOTS ASSOCIATION**

421 Aviation Way • Frederick, MD 21701-4798  
Telephone (301) 695-2000 • FAX (301) 695-2375

04/17/98

William G. Wade  
2692 Town Farm Road  
Unity, ME 04988

Dear Mr. Wade,

**THANK YOU** for your recent contribution to AOPA Legislative Action-PAC!  
Contributions from you and other AOPA Legislative Action supporters ensure the voices representing the interests of general aviation are heard loud and clear in Washington, D.C.

Please take a moment to assist us once again. We are required by federal law to request the following information regarding our PAC contributors. Please provide the information below and return this letter in the enclosed business reply envelope.

Name of Employer: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

We appreciate your continued support!

Sincerely,

Lori Wilcom  
Supervisor  
Member Assistance



**AIRCRAFT OWNERS AND PILOTS ASSOCIATION**

421 Aviation Way • Frederick, MD 21701-4798  
Telephone (301) 695-2000 • FAX (301) 695-2375

04/17/98

Michael B. Sturm  
7 Niles Place  
Staten Island, NY 10314-5025

Dear Mr. Sturm,

**THANK YOU** for your recent contribution to AOPA Legislative Action-PAC!  
Contributions from you and other AOPA Legislative Action supporters ensure the voices representing the interests of general aviation are heard loud and clear in Washington, D.C.

Please take a moment to assist us once again. We are required by federal law to request the following information regarding our PAC contributors. Please provide the information below and return this letter in the enclosed business reply envelope.

Name of Employer: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

We appreciate your continued support!

Sincerely,

Lori Wilcom  
Supervisor  
Member Assistance

9650 "163" 40" 66  
99.04.291.0596



**AIRCRAFT OWNERS AND PILOTS ASSOCIATION**

421 Aviation Way • Frederick, MD 21701-4798  
Telephone (301) 695-2000 • FAX (301) 695-2375

04/17/98

Bruce R. McCaw  
P.O. Box 1717  
Bellevue, WA 98009-1717

Dear Mr. McCaw,

**THANK YOU** for your recent contribution to AOPA Legislative Action-PAC!  
Contributions from you and other AOPA Legislative Action supporters ensure the voices representing the interests of general aviation are heard loud and clear in Washington, D.C.

Please take a moment to assist us once again. We are required by federal law to request the following information regarding our PAC contributors. Please provide the information below and return this letter in the enclosed business reply envelope.

Name of Employer: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

We appreciate your continued support!

Sincerely,

Lori Wilcom  
Supervisor  
Member Assistance

4650 "04" 391 "0597