

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
North Dakota Bankers Political Action Committee-Federal		FROM 7-1-93	TO: 12-31-93
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
1	Contributions (other than loans) From:		
a	Individual/Persons Other Than Political Committees		
i	Itemized (use Schedule A)	200.00	200.00
ii	Unitemized	5695.00	5695.00
iv	Total	5895.00	5895.00
b	Political Party Committees .....	.00	.00
c	Other Political Committees (such as PACs) .....	.00	.00
d	Total Contributions	5895.00	5895.00
1	Transfers From Affiliated/Other Party Committees .....	.00	.00
1	All Loans Received .....	.00	.00
1	Loan Repayments Received .....	.00	.00
1	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	.00	.00
1	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	.00	.00
1	Other Federal Receipts (Dividends, Interest, etc.)	23.97	35.97
1	Transfers from Nonfederal Account for Joint Activity .....	.00	.00
1	Total Receipts	5918.97	5930.97
2	Total Federal Receipts	5918.97	5930.97
II. Disbursements			
2	Operating Expenditures:		
a	Shared Federal/Non-Federal Activity (from Schedule H4)		
i	Federal Share .....	.00	.00
ii	Non-Federal Share .....	.00	.00
b	Other Federal Operating Expenditures .....	.00	31.27
c	Total Operating Expenditures .....	.00	31.27
2	Transfers to Affiliated/Other Party Committees	3969.00	3969.00
2	Contributions to Federal Candidates/Committees and Other Political Committees .....	.00	.00
2	Independent Expenditures (use Schedule E) .....	.00	.00
2	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	.00	.00
2	Loan Repayments Made .....	.00	.00
2	Loans Made .....	.00	.00
2	Refunds of Contributions To:		
a	Individuals/Persons Other Than Political Committees .....	.00	.00
b	Political Party Committees .....	.00	.00
c	Other Political Committees (such as PACs) .....	.00	.00
d	Total Contribution Refunds .....	.00	.00
2	Other Disbursements .....	.00	.00
3	Total Disbursements	3969.00	4000.27
3	Total Federal Disbursements	3969.00	4000.27
III. Net Contributions/Operating Expenditures			
3	Total Contributions (other than loans)(from line 11d)	5895.00	5895.00
3	Total Contribution Refunds (from line 28d) .....	.00	.00
3	Net Contributions (other than loans)(subtract line 33 from 32)	5895.00	5895.00
3	Total Federal Operating Expenditures .....	.00	31.27
3	Offsets to Operating Expenditures (from line 15)00	.00
3	Net Operating Expenditures00	31.27

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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 (1)

All 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)

North Dakota Bankers Political Action Committee-Federal

A. Full Name, Mailing Address and ZIP Code Wayne A. Stroup 354 1st Street Garrison, ND 58340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Garrison State Bank Occupation President Aggregate Year-to-Date > \$	Date (month, day, year) 9-25-93	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Wayne A. Stroup 354 1st Street Garrison ND 58340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bank of Turtle Lake Occupation President Aggregate Year-to-Date > \$	Date (month, day, year) 9-21-93	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code Wayne A. Stroup 354 1st Street Garrison ND 58340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer First State Bank Washburn Occupation President Aggregate Year-to-Date > \$	Date (month, day, year) 9-21-93	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SU TOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	200.00

11-1-93

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21(c)

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NAME OF COMMITTEE (In Full)

North Dakota Bankers Political Action Committee—Federal

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Bankers Association Political Action Committee 1120 Connecticut Avenue NW Washington DC 20036	transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-1-93	3900.00
B. Full Name, Mailing Address and ZIP Code American Bankers Association Political Action Committee 1120 Connecticut Avenue NW Washington DC 20036	transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-4-93	69.00
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) 3969.00

TOTAL This Period (last page this line number only) 3969.00

**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 1-27-94
<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

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<i>JM H</i> PREPARER	1-31-94 DATE PREPARED
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