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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
WYOMING BANKERS ASSOCIATION BANK PAC

ADDRESS (number and street) **200 EAST 8th AVE.**
Check if different than previously reported. (ACC) **CHEYENNE WY 82003**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C00423459

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)
(b) Monthly Report Due On:
Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
(c) 12-Day PRE-Election Report for the:
Primary (12P)
Convention (12C)
Election on M M O O Y Y Y Y in the State of
General (12G)
Special (12S)
(d) 30-Day POST-Election Report for the:
General (30G)
Runoff (30R)
Special (30S)
Election on M M O O Y Y Y Y in the State of

5. Covering Period **11 28 2006** through **12 31 2006**

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 **DAVID R JOHNSON**
Signature of Treasurer *David R Johnson* Date **01 30 2007**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only										FEC FORM 3X Rev. 12/2004
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27039364210

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wyoming Bankers Association Bank Pac

Report Covering the Period: From: 11 28 2006 To: 12 31 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2006</u>		100
(b) Cash on Hand at Beginning of Reporting Period.....	4,236.00	
(c) Total Receipts (from Line 19).....	725.00	10,935.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,961.00	10,936.00
7. Total Disbursements (from Line 31)..... <u>Fed Ex</u>	6387	6,038.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,897.13	4,897.13
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	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

27039364211

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wyoming Bankers Association Bank Pac

Report Covering the Period: From: *11 28 2006* To: *12 31 2006*

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	, 725.00	, 10,935.00
(ii) Unitemized.....	, 0	, 0
(ii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 725.00	, 10,935.00
(b) Political Party Committees.....	, 0	, 0
(c) Other Political Committees (such as PACs).....	, 0	, 0
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	, 725.00	, 10,935.00
12. Transfers From Affiliated/Other Party Committees.....	, 0	, 0
13. All Loans Received.....	, 0	, 0
14. Loan Repayments Received.....	, 0	, 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	, 0	, 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	, 0	, 0
17. Other Federal Receipts (Dividends, Interest, etc.).....	, 0	, 0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	, 0	, 0
(b) Levin Funds (from Schedule H5).....	, 0	, 0
(c) Total Transfers (add 18(a) and 18(b))..	, 0	, 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	, 725.00	, 10,935.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 725.00	, 10,935.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share <i>DR Johnson</i>	,	,
(ii) Non-Federal Share <i>Fed Ex Exp</i>	,	,
(b) Other Federal Operating Expenditures	,	,
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	,	,
22. Transfers to Affiliated/Other Party Committees	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees <i>ABA</i>	,	,
24. Independent Expenditures <i>BANK PAC</i>	,	,
(use Schedule E)	,	,
25. Coordinated Party Expenditures (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 Lines 28(a), (b), and (c))	,	,
29. Other Disbursements	,	,
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H8)		
(i) Federal Share	,	,
(ii) "Levin" Share	,	,
(b) Federal Election Activity Paid Entirely With Federal Funds	,	,
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	,	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	,	,
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	,	,

63.87

5,975-

63.87

5,975-

63.87

5,975-

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	,	,
34. Total Contribution Refunds (from Line 28(d))	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	,	,
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	,	,
37. Offsets to Operating Expenditures (from Line 15, page 3)	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36)	,	,

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE	OF
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

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)
Wyoming Bankers Association Bank Pac

A. Full Name (Last, First, Middle Initial) Havens, Gary J.			Date of Receipt M M ' D D ' Y Y Y Y 1 2 ' 1 5 ' 2 0 0 6		
Mailing Address P.O. Box 644			Amount of Each Receipt this Period \$ 25 000		
City Buffalo	State WY	Zip Code 82834			
FEC ID number of contributing federal political committee. C00423459			Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)		
Name of Employer The Bank of Buffalo	Occupation Banker				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250,00			

B. Full Name (Last, First, Middle Initial) Reimann, Richard			Date of Receipt M M ' D D ' Y Y Y Y 1 2 ' 1 5 ' 2 0 0 6		
Mailing Address 93 North Main			Amount of Each Receipt this Period \$ 2500		
City Buffalo	State WY	Zip Code 82834			
FEC ID number of contributing federal political committee. C00423459			Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)		
Name of Employer The Bank of Buffalo	Occupation Banker				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500			

C. Full Name (Last, First, Middle Initial) Durfee, James R.			Date of Receipt M M ' D D ' Y Y Y Y 1 2 ' 1 5 ' 2 0 0 6		
Mailing Address Box 705			Amount of Each Receipt this Period \$ 250.00		
City Sundance	State WY	Zip Code 82729			
FEC ID number of contributing federal political committee. C00423459			Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)		
Name of Employer Sundance State Bank	Occupation Banker				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional).....	\$ 525.00
TOTAL This Period (last page this line number only).....	

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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)
Wyoming Bankers Association BankPac

A. Full Name (Last, First, Middle Initial) Durfee, Trudy M.			Date of Receipt 12 15 2006
Mailing Address P.O. Box 1033			Amount of Each Receipt this Period , 150.00
City Sundance	State WY	Zip Code 82729	
FEC ID number of contributing federal political committee. C00423459			Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer Sundance State Bank	Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date , 150.00		

B. Full Name (Last, First, Middle Initial) Carlisle, Jon S.			Date of Receipt 12 15 2006
Mailing Address 567 N Desmet Ave			Amount of Each Receipt this Period , 50.00
City Buffalo	State WY	Zip Code 82834	
FEC ID number of contributing federal political committee. C00423459			Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer The Bank of Buffalo	Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date , 50.00		

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M D D Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional)	, 200.00
TOTAL This Period (last page this line number only)	, 725.00

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**SCHEDULE C (FEC Form 3X)
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial) <p style="font-size: 2em; margin-left: 40px;">None</p>	Election: Primary General Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
\$, .	\$, .	\$, .

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM DD YYYY	MM DD YYYY	% (apr)	Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: \$, .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: \$, .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: \$, .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: \$, .

SUBTOTALS This Period This Page (optional).....▶	\$, .
TOTALS This Period (last page in this line only).....▶	\$, .

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER	
NONE		C	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	M M D D Y Y Y Y
City	State Zip Code	Date Due	M M D D Y Y Y Y
A. Has loan been restructured? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? No Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: _____			What is the value of this collateral? _____ Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____			What is the estimated value? _____
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M D D Y Y Y Y		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE M M D D Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M D D Y Y Y Y	
Title			

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SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶	,	,	.
2) TOTALS This Period (last page this line number only).....▶	,	,	.
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	,	,	.
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	,	,	.

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE	OF
FOR LINE 24 OF FORM 3X	

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ C00423459
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee DAVID R JOHNSON	Date 12 14 2006
Mailing Address 200 East 8th AVE	Amount
City State Zip Code Cheyenne Wyo 82009	, , 6387
Purpose of Expenditure Fed Ex-report mailing	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: _____ Senate District: _____ President
	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought , , 63.87	Disbursement For: Primary General Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	, , .
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: _____ Senate District: _____ President
	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought , , .	Disbursement For: Primary General Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶	, , 63.87
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	, , .
(c) TOTAL Independent Expenditures	▶	, , 63.87

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **David Johnson** Date **01 30 2007**

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- ___ Presidential-Only Election Year (28% Federal)
- ___ Presidential and Senate Election Year (38% Federal)
- ___ Senate-Only Election Year (21% Federal)
- ___ Non-Presidential and Non-Senate Election Year (15% Federal)

NO STATE
W 70
CONTRIBUTIONS
ELECTION

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
 Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

27039364222

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	0%	0%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	100%	0%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	0%	100%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	0%	100%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	0%	100%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	0%	100%

Handwritten notes:
 0/0
 100%
 went to
 Bank
 ABA
 P
 R

27039364223

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE _____ OF _____
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT M M . D D . Y Y Y Y	TOTAL AMOUNT TRANSFERRED , .
-----------------	--	---------------------------------

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative
- ii) Generic Voter Drive
- iii) Exempt Activities
- iv) Direct Fundraising (List Activity or Event Identifier)
 - a) _____
 - b) _____
 - c) Total Amount Transferred For Direct Fundraising
- v) Direct Candidate Support (List Activity or Event Identifier)
 - a) _____
 - b) _____
 - c) Total Amount Transferred For Direct Candidate Support
- vi) Public Communications Referring Only to Party (Made by PAC)

NA
all donations
to ABA PAC
via BANC
GP

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	, .
TOTAL This Period (Generic Voter Drive)	, .
TOTAL This Period (Exempt Activities)	, .
TOTAL This Period (Direct Fundraising)	, .
TOTAL This Period (Direct Candidate Support)	, .
TOTAL This Period (Public Communications Referring Only to Party)	, .
TOTAL This Period (Total Amount Transferred)	, .

27039364224

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			Administrative	Fundraising	Exempt
City			Voter Drive	Direct Candidate Support	
State			Public Comm (ref to party only) by PAC		
Zip Code			Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:					
Activity or Event Identifier:					
			Category/Type	Date	
FEDERAL SHARE			+	NONFEDERAL SHARE	= TOTAL AMOUNT
,				,	

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			Administrative	Fundraising	Exempt
City			Voter Drive	Direct Candidate Support	
State			Public Comm (ref to party only) by PAC		
Zip Code			Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:					
Activity or Event Identifier:					
			Category/Type	Date	
FEDERAL SHARE			+	NONFEDERAL SHARE	= TOTAL AMOUNT
,				,	

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			Administrative	Fundraising	Exempt
City			Voter Drive	Direct Candidate Support	
State			Public Comm (ref to party only) by PAC		
Zip Code			Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:					
Activity or Event Identifier:					
			Category/Type	Date	
FEDERAL SHARE			+	NONFEDERAL SHARE	= TOTAL AMOUNT
,				,	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page					
FEDERAL SHARE			+	NONFEDERAL SHARE	= TOTAL AMOUNT
,				,	
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))					
FEDERAL SHARE				NONFEDERAL SHARE	TOTAL AMOUNT
,				,	

27039364225

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT M M . D D . Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		, , .

BREAKDOWN OF THIS TRANSFER

i) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION	, , .
ii) Voter ID Total Amount Transferred for Voter ID.....	VOTER ID	, , .
iii) GOTV Total Amount Transferred for GOTV.....	GOTV	, , .
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	GENERIC CAMPAIGN ACTIVITY	, , .

NAME OF ACCOUNT	DATE OF RECEIPT M M . D D . Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		, , .

BREAKDOWN OF THIS TRANSFER

i) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION	, , .
ii) Voter ID Total Amount Transferred for Voter ID.....	VOTER ID	, , .
iii) GOTV Total Amount Transferred for GOTV.....	GOTV	, , .
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	GENERIC CAMPAIGN ACTIVITY	, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	, , .
TOTAL This Period (Voter ID).....	, , .
TOTAL This Period (GOTV).....	, , .
TOTAL This Period (Generic Campaign Activity).....	, , .
TOTAL This Period (Total Amount of Transfers Received).....	, , .

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE			TOTAL AMOUNT
TOTAL This Period for the Levin Share			

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SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	\$. .	\$. .
(b) Unitemized	\$. .	\$. .
(c) Total	\$. .	\$. .
2. OTHER RECEIPTS	\$. .	\$. .
3. TOTAL RECEIPTS (Add Lines 1c and 2)	\$. .	\$. .
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	\$. .	\$. .
(b) Voter ID	\$. .	\$. .
(c) GOTV	\$. .	\$. .
(d) Generic Campaign	\$. .	\$. .
(e) Total	\$. .	\$. .
5. OTHER DISBURSEMENTS	\$. .	\$. .
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	\$. .	\$. .
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	\$. .	\$. .
8. RECEIPTS (from Line 3)	\$. .	\$. .
9. SUBTOTAL (Add Lines 7 and 8)	\$. .	\$. .
10. DISBURSEMENTS (From Line 6)	\$. .	\$. .
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	\$. .	\$. .

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**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE OF
FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt
M M . D D . Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Occupation Aggregate Year-to-Date

Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt
M M . D D . Y Y

Mailing Address

City State Zip Code Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Occupation Aggregate Year-to-Date

Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt
M M . D D . Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Occupation Aggregate Year-to-Date

Aggregate Year-to-Date

D. Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt
M M . D D . Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Occupation Aggregate Year-to-Date

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) ▶

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

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**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement		
Mailing Address			M M D D Y Y Y Y		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement			, , .		
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement		
Mailing Address			M M D D Y Y Y Y		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement			, , .		
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement		
Mailing Address			M M D D Y Y Y Y		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement			, , .		
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement		
Mailing Address			M M D D Y Y Y Y		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement			, , .		
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement		
Mailing Address			M M D D Y Y Y Y		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement			, , .		
SUBTOTAL of Disbursements This Page (optional).....			, , .		
TOTAL This Period (last page this line number only).....			, , .		

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Fed Ex	1/30/07
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

EW PREPARER 1/31/07
 DATE PREPARED

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