



ORGANIZED 1800

South Carolina Bankers Association

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
CHAIRMAN
PAUL W. "BILL" STRINGER
THE PALMETTO BANK
LALFENE
PRESIDENT
LOYD L. HENDRICKS
COLUMBIA

JUL 31 11 54 AM '96

2008 PARK STREET, POST OFFICE BOX 1482
COLUMBIA, SC 29202
TELEPHONE (803) 778-0882
FAX (803) 256-8150

July 26, 1996

Neil Evans, Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E. Street, N. W.
Washington DC 20463

Identification Number: C00103861

RE: Correction to April Quarterly Report (1/1/96-3/31/96)
Pre-Primary Report (4/1/96-5/22/96)
Primary Report (5/23/96-6/5/96)
July Quarterly Report (6/6/96-6/30/96)

Dear Mr. Evans:

Thank you for your help with our report. We are not affiliated with the Independent Bankers PAC. This is entirely a separate organization from the SC Bankers Association.

We have amended our report to show correct placement of the contributions to ABA and IBA. Also, due to the error, I have amended the Pre-Primary, Primary, and the July 15 quarterly report. It is to be hoped that this should clarify all matters.

Again, thank you for your assistance. We apologize for any inconvenience we may have caused.

Sincerely,
SC BANKERS ASSOCIATION

Sibyl H. Cooper
Bookkeeper

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAY 5004

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) SC Bankers Association Political Action Committee	Jul 31 11 54 AM '96 2. FEC IDENTIFICATION NUMBER C00103861
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2009 Park Street/PO Box 1483	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE Columbia SC 29202	

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Jan 1, 1996</u> through <u>March 31, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 9,607.97
(b) Cash on Hand at Beginning of Reporting Period	\$ 9,607.97	
(c) Total Receipts (from Line 18)	\$ 3,130.00	\$ 3,130.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$12,737.97	\$12,737.97
7. Total Disbursements (from Line 26)	\$12,650.00	\$12,650.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 87.97	\$ 87.97
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-376-3120
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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: **E. Anne Gillespie**

Signature of Treasurer: *E. Anne Gillespie* Date: 7/26/96

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

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

(revised 1/1/91)

NAME OF COMMITTEE SC Bankers Association Political Act Committee		REPORT COVERING PERIOD		
		FROM 1-1-96	TO: 3-31-96	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees:			
i.	Itemized (use Schedule A) _____	0.00	0.00	11(a)(i)
ii.	Unitemized _____ 0.00	2,580.00	2,580.00	11(a)(ii)
iii.	Total _____ (add i and ii) >	2,580.00	2,580.00	11(a)(iii)
b.	Political Party Committees _____	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs) _____	0.00	0.00	11(c)
d.	Total Contributions _____ (add a iii, b and c) >	2,580.00	2,580.00	11(d)
12.	Transfers From Affiliated/Other Party Committees _____	0.00	0.00	12
13.	All Loans Received _____	0.00	0.00	13
14.	Loan Repayments Received _____	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) _____	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees _____	550.00	550.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.) _____	0.00	0.00	17
18.	Transfers from Nonfederal Account for Joint Activity _____	0.00	0.00	18
19.	Total Receipts _____ (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,130.00	3,130.00	19
20.	Total Federal Receipts _____ (subtract line 18 from line 19) >	0.00	0.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4):			
i.	Federal Share _____	0.00	0.00	21(i)(i)
ii.	Non-Federal Share _____	0.00	0.00	21(i)(ii)
b.	Other Federal Operating Expenditures _____	0.00	0.00	21(b)
c.	Total Operating Expenditures _____ (add a i, a ii, and b) >	0.00	0.00	21(c)
22.	Transfers to Affiliated/Other Party Committees _____	9,600.00	9,600.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees _____	2,500.00	2,500.00	23
24.	Independent Expenditures (use Schedule E) _____	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) _____	0.00	0.00	25
26.	Loan Repayments Made _____	0.00	0.00	26
27.	Loans Made _____	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees _____	0.00	0.00	28(a)
b.	Political Party Committees _____	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs) _____	550.00	550.00	28(c)
d.	Total Contribution Refunds _____ (add a, b and c) >	550.00	550.00	28(d)
29.	Other Disbursements _____	0.00	0.00	29
30.	Total Disbursements _____ (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,650.00	12,650.00	30
31.	Total Federal Disbursements _____ (subtract line 21 e, ii from line 30) >	0.00	0.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d) _____	2,580.00	2,580.00	32
33.	Total Contribution Refunds (from line 28d) _____	550.00	550.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32) _____	2,030.00	2,030.00	34
35.	Total Federal Operating Expenditures _____ (add 21 a i and 21 b) >	0.00	0.00	35
36.	Offsets to Operating Expenditures (from line 15) _____	0.00	0.00	36
37.	Net Operating Expenditures _____ (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22 & 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)
SC Bankers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Independent Bankers PAC One Thomas Circle NW, Suite 950 Washington DC 2005-5802	Fair Share Contribu Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-19-96	\$2,500.00
B. Full Name, Mailing Address and ZIP Code ABAPAC 1120 Connecticut Ave NW Washington DC 20036	Fair Share Contrib Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/19/96	\$8,700.00
C. Full Name, Mailing Address and ZIP Code ABAPAC 1120 Connecticut Ave NW Washington DC 20036	Fair Share Contrib Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-7-96	\$900.00
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)	
TOTAL This Period (last page this line number only)	12,100.00

RETURN FUNDS

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 committees.

NAME OF COMMITTEE (in Full)

SC Bankers Association Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code ABA PAC 1120 Connecticut Ave NW Washington DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ABA Return Check not For Federal Funding</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 3/21/96</p>	<p>Amount of Each Receipt this Period \$550.00</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 > \$</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 > \$</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 > \$</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 > \$</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 > \$</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$550.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7-26-92

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JS
PREPARER

8-1-92
DATE PREPARED