

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL NBT/PAC Federal Fund (b) Number and Street Address 52 South Broad Street (c) City, State and ZIP Code Norwich, NY 13815	(Check if name is changed) <input type="checkbox"/>	2. DATE October 3, 1995
(Check if address is changed) <input type="checkbox"/>	3. FEC IDENTIFICATION NUMBER C00207795	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

OCT 10 11 40 AM '95

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

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

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Donna L. Deuel	Mailing Address P.O. Box 962 Norwich, NY 13815	Title or Position Treasurer
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name Donna L. Deuel	Mailing Address P.O. Box 962 Norwich, NY 13815	Title or Position Treasurer
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

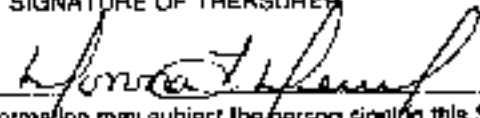
Name of Bank, Depository, etc. NBT Bank, N.A.	Mailing Address and ZIP Code 52 South Broad Street Norwich, NY 13815
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER

Donna L. Deuel

SIGNATURE OF TREASURER



DATE

10-3-95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-376-3120

FEC FORM 1

(revised 4/87)

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PREPARER

10-10-95

DATE PREPARED

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