



1060 Kingsmill Parkway, Columbus, Ohio 43229
 (800) THE-CBAO (614) 846-8124
 Fax: (614) 846-4999
 www.cbao.com

What's happening at CBAO?

JANUARY CALENDAR

Call Report Seminar
January 30, 2001

FEBRUARY CALENDAR

Essentials of IRA
CBAO Office, Columbus
February 1, 2001

Community Bankers for
Compliance, 1 of 4
Ramada Inn, Bellville
February 6, 2001

Community Bankers for
Compliance, 1 of 4
Sanesse Facility, Columbus
February 7, 2001

Basics of Life Insurance
CBAO Office, Columbus
February 13, 2001

Human Resource SIG,
1 of 3
CBAO Office, Columbus
February 22, 2001

Analyzing Financial
Statements, 1 of 3
CBAO Office, Columbus
February 27, 2001

Credit Scoring Seminar
CBAO Office, Columbus
February 28, 2001

Date: 1/29/01 Time: _____

Sender: Seanne Stessel

Receiver: Public Records Processing Dept

Regarding: Statement of Organization

Additional Comments: _____

Per Brian Stacks filing by fax so
that I can obtain a password for
electronic filing. Will send hardcopy
in the mail today. Thank you.

Number of Pages (including cover): 2

*If there is any trouble with this transmittal, please call
CBAO immediately.*

202 219-0174

**FOR MORE INFORMATION
ABOUT CBAO
VISIT OUR WEBSITE AT
www.cbao.com**

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)		2. DATE
Community Bankers Association of Ohio FEDBAC		1/17/01
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)		3. FEC Identification Number
1060 Kingsmill Parkway		C0030232
(c) City, State and ZIP Code		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Columbus, OH 43229		

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.

6. 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	Mailing Address	Phone	Title or Position
Jeanne E. Stassel	1060 Kingsmill Parkway Columbus, OH 43229	614-846-8124	Accountant

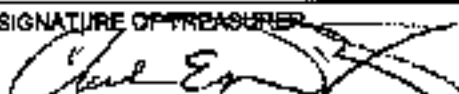
8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Phone	Title or Position
Treasurer Charles E. Dixon	1060 Kingsmill Parkway Columbus, OH 43229	614-846-8124	UP Services
Asst Treasurer Jeanne E. Stassel	" "	" "	Accountant

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.	Mailing Address and ZIP Code

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	SIGNATURE OF TREASURER	DATE
Charles E. Dixon		1/28/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-694-1100

FESAN114PDF

FEC FORM 1
(revised 4/87)

**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
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<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 checked="" type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT

The document preceding this page was received at a FAX machine at the Federal Election Commission. The receiving FAX machine has printed at the bottom of each page the receiving date, the time received, the phone number of the transmitting machine, and the sequential page number.

PREPARER n/a	DATE PREPARED n/a
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