REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 16 1 33 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Community Bankers Association of Ohio PEDPAC

ADDRESS (number and street) ☐ Check if different than previously reported
1060 Kingsmill Parkway

CITY, STATE and ZIP CODE
Columbus, Ohio 43229

2. FEC IDENTIFICATION NUMBER
C00302232

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

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:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election on 11/3/98 in the State of Ohio

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/15/98 through 11/23/98		$ 14,329.26
6. (a) Cash on Hand January 1, 19 98	$ 20,345.02	
(b) Cash on Hand at Beginning of Reporting Period	$ 5414.27	$ 12,080.03
(c) Total Receipts (from Line 19)	$ 25,759.29	$ 26,409.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 18,250.00	$ 18,900.00
7. Total Disbursements (from Line 30)	$ 7,509.29	$ 7,509.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 0	
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)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
C. Scott Williams, Treasurer

Date 8/12/99

Signature of Treasurer
C. Scott Williams

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

FEC FORM 3
(revised 8/