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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

New Hampshire Bankers Association Federal BankPAC

ADDRESS (number and street) 15 N. Main Street

PO BOX 2586

Concord NH 03302-2586

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00109678

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 10 / 14 / 2010 through 11 / 22 / 2010

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 Christiana Thornton

Signature of Treasurer [Handwritten Signature] Date 12 / 01 / 2010

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

10030502773

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Hampshire Bankers Association Federal BankPAC

Report Covering the Period: From:

/ /

To:

/ /

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<input type="text" value="2010"/>	<input type="text" value="516242"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="415642"/>	<input type="text" value="415642"/>
(c) Total Receipts (from Line 19).....	<input type="text" value="573500"/>	<input type="text" value="1790500"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="989142"/>	<input type="text" value="2306742"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="357200"/>	<input type="text" value="1674800"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="631942"/>	<input type="text" value="631942"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="-0-"/>	<input type="text" value="-0-"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="-0-"/>	<input type="text" value="-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

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Hampshire Bankers Association Federal BankPAC

Report Covering the Period: From: 10 / 14 / 2010 To: 11 / 22 / 2010

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).....

-0-

2 3 0 0 0 0

(ii) Unitemized.....

5 7 3 5 0 0

1 0 6 0 5 0 0

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5 7 3 5 0 0

1 2 9 0 5 0 0

(b) Political Party Committees.....

-0-

-0-

(c) Other Political Committees
(such as PACs).....

0

-0-

(d) Total Contributions (add Line
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

5 7 3 5 0 0

1 2 9 0 5 0 0

12. Transfers From Affiliated/Other
Party Committees.....

-0-

5 0 0 0 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)).....▶

5 7 3 5 0 0

1 7 9 0 5 0 0

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

5 7 3 5 0 0

1 7 9 0 5 0 0

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DETAILED SUMMARY PAGE
of Disbursements

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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	-0-	-0-
(ii) Non-Federal Share	-0-	-0-
(b) Other Federal Operating Expenditures	-0-	1 7 6 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-0-	1 7 6 0 0
22. Transfers to Affiliated/Other Party Committees	3 5 7 2 0 0	1 1 5 7 2 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	5 0 0 0 0 0
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	-0-	-0-
(b) Political Party Committees	-0-	-0-
(c) Other Political Committees (such as PACs)	-0-	-0-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	-0-	-0-
(ii) "Levin" Share	-0-	-0-
(b) Federal Election Activity Paid Entirely With Federal Funds	-0-	-0-
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	-0-	-0-
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3 5 7 2 0 0	1 6 7 4 8 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3 5 7 2 0 0	1 6 7 4 8 0 0

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DETAILED SUMMARY PAGE
of Disbursements

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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)	5 7 3 5 0 0	1 2 9 0 5 0 0
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5 7 3 5 0 0	1 2 9 0 5 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-0-	1 7 6 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0-	1 7 6 0 0

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b 27	<input checked="" type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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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)
New Hampshire Bankers Association Federal BankPAC

Full Name (Last, First, Middle Initial) A. American Bankers Association		Date of Disbursement MM / DD / YYYY 10 / 20 / 2010	
Mailing Address 1120 Connecticut Ave., N.W.			
City Washington	State DC	Zip Code 20036-3959	
Purpose of Disbursement Fair Share Goal to Annual Contribution		Amount of Each Disbursement this Period 0 1 1	
Candidate Name		Category/ Type 3 5 7 2 0 0	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Annual Contribution	
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Annual Contribution	
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Annual Contribution	
State: _____	District: _____		


SUBTOTAL of Disbursements This Page (optional).....▶	3 5 7 2 0 0
TOTAL This Period (last page this line number only).....▶	3 5 7 2 0 0

1003950278

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.

10030502779

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<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): <i>Fed Ex</i>	Shipping Date <i>12/1/10</i>
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

	<i>12/2/10</i>
PREPARER	DATE PREPARED