

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>KENTUCKY BANKERS POLITICAL ACTION COMMITTEE</b>	DATE DUE: <b>APR 10 11 35 AM '96</b>
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported <b>325 WEST MAIN STREET, SUITE 1000</b>	2. FEC IDENTIFICATION NUMBER <b>C000628</b>
CITY, STATE and ZIP CODE <b>LOUISVILLE, KY 40202</b>	3. <input type="checkbox"/> 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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 \_\_\_\_\_

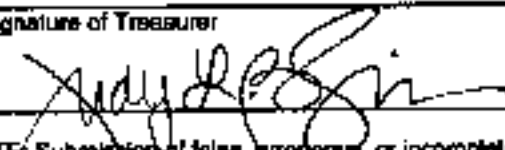
(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Jan. 1, 1996</u> through <u>Mar. 31, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u> .....		\$ 9,252.29
(b) Cash on Hand at Beginning of Reporting Period .....	\$ 9,252.29	
(c) Total Receipts (from Line 19) .....	\$ 1,380.00	\$ 1,380.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	\$ 10,632.29	\$ 10,632.29
7. Total Disbursements (from Line 30) .....	\$ 740.08	\$ 740.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	\$ 9,892.21	\$ 9,892.21
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 888 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
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  
**JUDY BLAIN**

Signature of Treasurer



Date

**April 1, 1996**

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 3X**  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>KENTUCKY BANKERS POLITICAL ACTION COMMITTEE</b>		REPORT COVERING PERIOD FROM <b>1/1/96</b> TO <b>3/31/96</b>	
		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A) .....		
ii.	Unitemized .....	50.00	50.00
iii.	Total .....	50.00	50.00
b.	Political Party Committees .....		
c.	Other Political Committees (such as PACs) .....		
d.	Total Contributions .....	50.00	50.00
12.	Transfers From Affiliated/Other Party Committees .....	1,000.00	1,000.00
13.	All Loans Received .....		
14.	Loan Repayments Received .....		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	330.00	330.00
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17.	Other Federal Receipts (Dividends, Interest, etc.) .....		
18.	Transfers from Nonfederal Account for Joint Activity .....		
19.	Total Receipts .....	1,380.00	1,380.00
20.	Total Federal Receipts .....		
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedules H4):		
i.	Federal Share .....		
ii.	Non-Federal Share .....	540.08	540.08
b.	Other Federal Operating Expenditures .....		
c.	Total Operating Expenditures .....	540.08	540.08
22.	Transfers to Affiliated/Other Party Committees .....		
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....		
24.	Independent Expenditures (use Schedule E) .....		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26.	Loan Repayments Made .....		
27.	Loans Made .....		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees .....		
b.	Political Party Committees .....		
c.	Other Political Committees (such as PACs) .....		
d.	Total Contribution Refunds .....		
29.	Other Disbursements .....	200.00	200.00
30.	Total Disbursements .....	740.08	740.08
31.	Total Federal Disbursements .....	740.08	740.08
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d) .....	50.00	50.00
33.	Total Contribution Refunds (from line 28d) .....	0.00	0.00
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	50.00	50.00
35.	Total Federal Operating Expenditures .....	540.08	540.08
36.	Offsets to Operating Expenditures (from line 15) .....	330.00	330.00
37.	Net Operating Expenditures .....	210.08	210.08

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)

**KENTUCKY BANKERS POLITICAL ACTION COMMITTEE**

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A. Full Name, Mailing Address and ZIP Code American Bankers Association Qualified Multi-Candidate Comm. 1120 Connecticut Avenue, N.W. Washington, DC 20036  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Transfer	Date (month, day, year)  2/13/96	Amount of Each Receipt this Period  \$ 1,000.00
Occupation Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Name of Employer  Occupation Aggregate Year-to-Date > \$		Date (month, day, year)  Amount of Each Receipt this Period	
C. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Name of Employer  Occupation Aggregate Year-to-Date > \$		Date (month, day, year)  Amount of Each Receipt this Period	
D. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Name of Employer  Occupation Aggregate Year-to-Date > \$		Date (month, day, year)  Amount of Each Receipt this Period	
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Name of Employer  Occupation Aggregate Year-to-Date > \$		Date (month, day, year)  Amount of Each Receipt this Period	
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Name of Employer  Occupation Aggregate Year-to-Date > \$		Date (month, day, year)  Amount of Each Receipt this Period	
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Name of Employer  Occupation Aggregate Year-to-Date > \$		Date (month, day, year)  Amount of Each Receipt this Period	

SUBTOTAL of Receipts This Page (optional) .....	1,000.00
TOTAL This Period (last page this line number only) .....	1,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

**KENTUCKY BANKERS POLITICAL ACTION COMMITTEE**

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sylvester Management Corporation P.O. Box 986 Irmo, SC 29063	Refund of Cancelled Seminar	2/2/96	\$ 330.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	330.00
<b>TOTAL</b> This Period (last page this line number only) .....	330.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21(b)

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)

**KENTUCKY BANKERS POLITICAL ACTION COMMITTEE**

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Management Fee and Postage Reimbursement 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
Kentucky Bankers Association 325 West Main, Suite 1000 Louisville, KY 40202		11/17/96	\$ 540.08
B. 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
C. 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
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) .....	\$ 540.08
TOTAL This Period (last page this line number only) .....	\$ 540.08

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (in Full)**

**KENTUCKY BANKERS POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kentucky State Treasurer c/o Kentucky Registry of Election Finance 140 Walnut Street Frankfort, KY 40601	Annual Registration Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/96	\$ 200.00
B. 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
C. 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
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

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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$ 200.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$ 200.00

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

4/11/96

Registered/Certified Mail

POSTMARKED

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

C.S.  
PREPARER

4/10/96  
DATE PREPARED

9 5 0 3 0 2 8 4 8 0 2