

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) KENTUCKY BANKERS POLITICAL ACTION COMMITTEE	2. FEC IDENTIFICATION NUMBER C(1)00628
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Suite 500, One Riverfront Plaza	3. <input type="checkbox"/> This committee qualified as a multi-candidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE Louisville, KY 40202	

4. TYPE OF REPORT

(a) April 15 Quarterly Report Monthly Report Due On:

February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 January 31 Year End Report May 20 September 20 January 31

July 31 Mid Year Report (Non-election Year Only) Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

Termination Report Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/01/93</u> through <u>9/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 14,361.99
(b) Cash on Hand at Beginning of Reporting Period	\$ 13,080.15	
(c) Total Receipts (from Line 19)	\$ 14,169.00	\$ 14,169.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27,249.15	\$ 28,530.99
7. Total Disbursements (from Line 30)	\$ 82.86	\$ 1,364.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 27,166.29	\$ 27,166.29
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ ---	For further information contact: Federal Election Commission 969 E Street, NW Washington, DC 20463 Toll Free 800 424 9530 Local 202-213-3423
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ ---	

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 LARRY D. LANDER	
Signature of Treasurer 	Date October 4, 1993

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 4370.

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
KENTUCKY BANKERS POLITICAL ACTION COMMITTEE		FROM 7/01/93	TO: 9/10/93
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 2,500.00	\$ 2,500.00	
ii. Unitemized	8,669.00	8,669.00	
iii. Total (add i and ii) >			
b. Political Party Committees			
c. Other Political Committees (such as PACs)	3,000.00	3,000.00	
d. Total Contributions (add a ii, b and c) >	\$14,169.00	\$14,169.00	
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20. Total Federal Receipts (subtract line 18 from line 19) >	\$14,169.00	\$14,169.00	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures	\$ 82.86	\$ 114.70	
c. Total Operating Expenditures (add a ii, and b) >	82.86	114.70	
22. Transfers to Affiliated/Other Party Committees			1,000.00
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. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			250.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	82.86	\$ 1,364.70	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$ 82.86	\$ 1,164.70	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$14,169.00	\$14,169.00	
33. Total Contribution Refunds (from line 28d)	---	---	
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$14,169.00	\$14,169.00	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	82.86	114.70	
36. Offsets to Operating Expenditures (from line 15)	---	---	
37. Net Operating Expenditures (subtract line 36 from 35) >	\$ 82.86	\$ 114.70	

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

A. Full Name, Mailing Address and ZIP Code Trans Financial Bancorp PAC P. O. Box 90001 Bowling Green, KY 42102-9001	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	8/02	\$3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,000.00		
B. Full Name, Mailing Address and ZIP Code Bob Hutchison P. O. Box 23 Staffordsville, KY 41256-0023	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Citizens Nat'l Bank Paintsville	8/26	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code H. Aubrey Bailey 203 Dean Hill Road Pineville, KY 40977	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	First State Bank Middlesboro	8/10	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code J. P. Cline, III P. O. Box 1418 Middlesboro, KY 40965	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	First State Bank Middlesboro	8/10	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code Clinton C. Taylor 343 Tennessee Avenue Pineville, KY 40977	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	First State Bank Middlesboro	8/10	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code George H. Reese, III P. O. Box 400 Middlesboro, KY 40965	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	First State Bank Middlesboro	8/10	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code Robert W. Vaughn 23 Ennismore Drive Middlesboro, KY 40965	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	First State Bank Middlesboro	8/10	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
SUBTOTAL of Receipts This Page (optional)			\$4,700.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11a1 & 11c

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NAME OF COMMITTEE (in Full)

KENTUCKY BANKERS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Oscar Robertson P. O. Box 100 Harrogate, TN 37752	Commercial Bank Middlesboro	7/13	\$ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. William Hardy P. O. Box 247 Shepherdsville, KY 40165	The Peoples Bank Shepherdsville	7/07	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
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 > \$	

SUBTOTAL of Receipts This Page (optional)	\$ 800.00
TOTAL This Period (last page this line number only)	\$5,500.00

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 Bankers Association Suite 500, One Riverfront Plaza Louisville, KY 40202	reimbursement of admin. materials Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/93	\$82.86
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$82.86

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

10-5-93

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

SLG
PREPARER

10-7-93
DATE PREPARED