

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 APR 14 P 1:31

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (to be printed)

C00145201                      030800                      N

DIANA L LEE

AD: MINN LEAGUE OF SAVINGS & COMMU  
NITY BANKERS COMMUNITY CAMPAIG  
19000 ST EDWARDS COURT

CIT: EDEN PRAIRIE                      MN 55346

2. FEC IDENTIFICATION NUMBER  
C00145201

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 \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

BUSINESS	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1-1-00</u> through <u>3-31-00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ <u>5,890.94</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>5,890.94</u>	
(c) Total Receipts (from Line 19)	\$ <u>125.00</u>	\$ <u>125.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>6,015.94</u>	\$ <u>6,015.94</u>
7. Total Disbursements (from Line 30)	\$ <u>1,650.00</u>	\$ <u>1,650.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>4,365.94</u>	\$ <u>4,365.94</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

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

Diana L. Lee

Signature of Treasurer

Diana L. Lee

Date

4-10-00

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 Minnesota League of Savings & Community Bankers Community Campaign (MN-COMPAC)

REPORT COVERING PERIOD  
FROM 1-1-00 TO 3-31-00

		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)()
i.	Itemized (use Schedule A)	125.00	125.00	11(a)ii
ii.	Unitemized			11(a)iii
ii.	Total (add i and ii) >	125.00	125.00	11(b)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)			11(d)
d.	Total Contributions (add a ii, b and c) >	125.00	125.00	12
12.	Transfers From Affiliated/Other Party Committees			13
13.	All Loans Received			14
14.	Loan Repayments Received			15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17.	Other Federal Receipts (Dividends, Interest, etc.)			18
18.	Transfers from Nonfederal Account for Joint Activity			19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	125.00	125.00	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	125.00	125.00	
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)()
i.	Federal Share			21(a)ii
ii.	Non-Federal Share			21(b)
b.	Other Federal Operating Expenditures			21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >			22
22.	Transfers to Affiliated/Other Party Committees	1,000.00	1,000.00	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	650.00	650.00	24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			28(a)
28.	Refunds of Contributions To:			28(b)
a.	Individuals/Persons Other Than Political Committees			28(c)
b.	Political Party Committees			28(d)
c.	Other Political Committees (such as PACs)			29
d.	Total Contribution Refunds (add a, b and c) >			30
29.	Other Disbursements			31
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,650.00	1,650.00	
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,650.00	1,650.00	
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	125.00	125.00	
33.	Total Contribution Refunds (from line 28d)	0	0	
34.	Net Contributions (other than loans)(subtract line 33 from 32)	125.00	125.00	
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	
36.	Offsets to Operating Expenditures (from line 15)			
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	0	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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) Minnesota League of Savings & Community Bankers  
Community Campaign (MLC-COMPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ACB-COMPAC 900 19th St. NW, Suite 400 Washington, DC 20006	Transfer- Affil. PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-11-00 3-1-00	500.00 500.00
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

SUBTOTAL of Disbursements This Page (optional) ..... 1,000.00

TOTAL This Period (last page this line number only) ..... 1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 111  
OF  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) Minnesota League of Savings & Community Bankers Community Campaign (MN-COMPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelley for US Senate Po Box 1182 Minnetonka, MN 55345-0182	Stephen Kelley US Senate - Minnesota Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-26-00	250.00
Grams for Senate 480 Cedar Street, #450 St. Paul, MN 55101	Rod Grams US Senate - Minnesota Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-15-00	400.00
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) .....

650.00


TOTAL This Period (last page this line number only) .....

650.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 4-10-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<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 type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	4-14-00 DATE PREPARED