

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 22 2 06 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
**INDEPENDENT BANKERS ASSOCIATION
OF AMERICA POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) Check if different than previously reported
**ONE THOMAS CIRCLE, N.W.
S. 400**

CITY, STATE and ZIP CODE
**WASHINGTON, D.C.
20005**

2. FEC IDENTIFICATION NUMBER
C00032698

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
PRIOR TO 1/1/94

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/99</u> through <u>1/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 166,019. ³⁸
(b) Cash on Hand at Beginning of Reporting Period	\$ 166,019. ³⁸	
(c) Total Receipts (from Line 19)	\$ 22,131. ⁰⁶	\$ 22,131. ⁰⁶
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 188,150. ⁴⁴	\$ 188,150. ⁴⁴
7. Total Disbursements (from Line 30)	\$ 6,500. ⁰⁰	\$ 6,500. ⁰⁰
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 181,650. ⁴⁴	\$ 181,650. ⁴⁴
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)	\$ - 0 -	

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

Signature of Treasurer

Date

2-22-99

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 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE

**INDEPENDENT BANKERS ASSN OF AMERICA
PAC**

REPORT COVERING PERIOD

FROM **11/99** TO **1/30/99**

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)	6,525. ⁰⁰	6,525. ⁰⁰
ii. Unitemized	14,405. ⁹²	14,405. ⁹²
iii. Total (add i and ii)	20,930. ⁹²	20,930. ⁹²
b. Political Party Committees	1,000. ⁰⁰	1,000. ⁰⁰
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c)	21,930. ⁹²	21,930. ⁹²
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	200. ⁰⁰	200. ⁰⁰
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity	22,131. ⁰⁰	22,131. ⁰⁰
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	22,131. ⁰⁰	22,131. ⁰⁰
20. Total Federal Receipts (subtract line 18 from line 19)		

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		
c. Total Operating Expenditures (add a i, ii, and b)		
22. Transfers to Affiliated/Other Party Committees	6,500. ⁰⁰	6,500. 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	6,500. ⁰⁰	6,500. ⁰⁰
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	6,500. ⁰⁰	6,500. ⁰⁰
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11d)	21,930. ⁹²	21,930. ⁹²
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from line 32)	21,930. ⁹²	21,930. ⁹²
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from line 35)		

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NAME OF COMMITTEE (in Full)

INDEPENDENT BANKERS ASSN OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Beauprez 811 S. Public Rd Lafayette, CO 80026 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Heritage Bank Occupation: President Aggregate Year-to-Date > \$ 250	1/20/99	\$ 250
Dale Bradley The Citizens State Bank PO Box 4113 Mortonville, KS 67466 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Citizens State Bank Occupation: President/Chairman Aggregate Year-to-Date > \$ 600	1/20/99	\$ 600
BOYD HOPKINS PO Box 88503 SIOUX FALLS, SD 57105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CORTRUST BANK Occupation: PRESIDENT Aggregate Year-to-Date > \$ 700	1/12/99	\$ 700
LOUIS LUDDECKE PO Box 425 MONTVILLE, NJ 07045 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	METROPOLITAN STATE BANK Occupation: EXEC. VICE PRES Aggregate Year-to-Date > \$ 275	1/12/99	\$ 275
RICHARD MOUNT 12000 SARATOGA SUNNYVALE RD SARATOGA, CA 95070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SARATOGA NATIONAL BANK Occupation: PRESIDENT Aggregate Year-to-Date > \$ 400	1/14/99	\$ 400
DORWIN S. RUGE, JR. PO Box 428 WRIGHT CITY, MO 63390 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FARMERS & MERCHANTS BANK Occupation: PRESIDENT Aggregate Year-to-Date > \$ 3,000	1/12/99	\$ 3,000
JOHN SHIVERS PO Box 962020 FT. WORTH, TX Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SOUTHWEST BANK Occupation: CHAIRMAN Aggregate Year-to-Date > \$ 1,000	1/11/99	\$ 1,000

SUBTOTAL of Receipts This Page (optional)

\$ 6,225

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

INDEPENDENT BANKERS ASSN OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code HAROLD LEE SWANSON PO BOX 218 CROSS PLAINS, WI 53528 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE BANK OF CROSS PLAINS Occupation CHAIRMAN Aggregate Year-to-Date > \$ 500	Date (month, day, year) 1/28/99	Amount of Each Receipt this Period \$300
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)

TOTAL This Period (last page this line number only)

\$6,525

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

INDEPENDENT BANKERS ASSN. OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code SOUTH CAROLINA BANKERS POLITICAL ACTION COMMITTEE P.O. BOX 1483 COLUMBIA, SC 29202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTH CAROLINA BANKERS ASSOC. Occupation: Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 1/12/99	Amount of Each Receipt this Period \$1,000
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 > \$ 3	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 > \$ 5	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 > \$ 5	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 > \$ 3	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 > \$ 6	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 > \$ 3	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$1,000

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NAME OF COMMITTEE (In Full)

INDEPENDENT BANKERS ASSN OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAVE PHELPS for CONG. 209 N. VINE HARRISBURG, IL 62946	CAMPAIGN CONTRI. IL-19 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 198 DEBT	1/4/99	\$500
JAN SCHAKOWSKY for CONG. 6445 N. Western Ave Chicago, IL 60645	CAMPAIGN CONTRI. IL-9 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 198 DEBT	1/4/99	\$500
JOHNNY ISAAKSON for CONG. P.O. BOX 71955 MARIETTA, GA 30007	CAMPAIGN CONTRI. GA-6 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 99 Special	1/12/99	\$500
JIM MORAN for CONG 1225 19th Street, N.W. WASH. D.C. 200036	CAMPAIGN CONTRI. VA-8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 12000	1/19/99	\$500
FRIENDS OF BLANCHE LINCOLN for U.S. SENATE P.O. BOX 3197 LITTLE ROCK, AR 72203	CAMPAIGN CONTRI. AR-Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 198 DEBT	1/19/99	\$1,000
WALTER JONES for CONG. PO BOX 99667 RALEIGH, NC 27624	CAMPAIGN CONTRI. NC-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 12000	1/25/99	\$500
PAUL RYAN for CONG. P.O. BOX 2796 ARLINGTON, VA 22202	CAMPAIGN CONTRI. WI-1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 198 DEBT	1/25/99	\$500
FRIENDS OF J.C. WATTS P.O. BOX 720445 NORMAN, OK 73070	CAMPAIGN CONTRI. OK-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 12000	1/25/99	\$1,000
RICK LAZIO for CONG. #3 EAST MAIN STREET BAUSTON, NY 11706	CAMPAIGN CONTRI. NY-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 12000	1/25/99	\$1,000

UBTOTAL of Disbursements This Page (optional)

\$6,000

TOTAL This Period (last page this line number only)

ULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

INDEPENDENT BANKERS ASSN OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code
CITIZENS FOR ROKLINK
PO BOX 45214
WASH. D.C. 20013

Purpose of Disbursement
CAMPAGION CONTR.
PA - 4
Disbursement for: Primary General
 Other (specify) 2000

Date (month, day, year)
1/25/99

Amount of Each Disbursement This Period
\$500

B. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

NET TOTAL of Disbursements This Page (optional)

\$500

TOTAL This Period (last page this line number only)

\$6,500

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2-22-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<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	
<i>SEH</i> PREPARER	2-22-99 DATE PREPARED