

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
**INDEPENDENT COMMUNITY BANKERS
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 11/1/94

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>11/1/99</u> through <u>11/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$166,019. ³⁸
(b) Cash on Hand at Beginning of Reporting Period	\$239,987. ⁰⁴	
(c) Total Receipts (from Line 19)	\$29,920. ¹⁴	\$348,063. ⁶⁵
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$269,907. ¹⁸	\$514,083. ⁰³
7. Total Disbursements (from Line 30)	\$22,500. ⁰⁰	\$266,675. ⁸⁵
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$247,407. ¹⁸	\$247,407. ¹⁸
9. Debts and Obligations Owed TO 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
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

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
Ronald K. Fuge

Signature of Treasurer
[Signature]

Date
12/20/99

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 COMMUNITY BANKERS
OF AMERICA PAC**

REPORT COVERING PERIOD
FROM **11/1/99** TO **11/30/99**

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	13,501.49	199,694.70	11(a)(i)
I. Itemized (use Schedule A)	13,426.16	140,295.89	11(a)(ii)
II. Unitemized			11(a)(iii)
iii. Total (add i and ii) >	26,927.56	339,990.59	11(b)
b. Political Party Committees	2,500.00	4,500.00	11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a iii, b and c) >	29,427.56	344,490.59	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	492.58	3,573.11	17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	29,920.14	348,063.68	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	29,920.14	348,063.68	20
20. Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
I. Federal Share			21(a)(ii)
II. Non-Federal Share		34,819.00	21(b)
b. Other Federal Operating Expenditures		34,819.00	21(c)
c. Total Operating Expenditures (add a I, a II, and b) >			22
22. Transfers to Affiliated/Other Party Committees	22,500.00	229,975.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			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. Refunds of Contributions To:		736.85	28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)		736.85	28(d)
d. Total Contribution Refunds (add a, b and c) >		736.85	29
29. Other Disbursements	22,500.00	266,675.85	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	22,500.00	266,675.85	31
31. Total Federal Disbursements (subtract line 21 a i from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	29,427.56	344,490.59	32
33. Total Contribution Refunds (from line 28d)		736.85	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	29,427.56	343,753.69	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 10a

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NAME OF COMMITTEE (In Full)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
FRANCISCO ABUILAR 5381 S. 48 th STREET GREENFIELD, WI 53220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LINCOLN STATE BANK Occupation: DIRECTOR Aggregate Year-to-Date > \$ 300	11/23/99	\$ 200
J. SOE ANDERSON 2942B Wanamaker Dr Topeka, KS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Community Bankers Assn of Kansas Occupation: Executive Director Aggregate Year-to-Date > \$ 385-	11/23/99	\$ 100
STEVEN BECK P O BOX 88 LONG PRAIRIE, MN 56347 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LAKE COUNTRY STATE BANK Occupation: LOAN OFFICER Aggregate Year-to-Date > \$ 1,290-	11/17/99	\$ 150
W. C. BENNETT 207 E. SOUTH ST UNION, SC 29379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ARTHUR STATE BANK Occupation: PAST PRESIDENT-ICBA Aggregate Year-to-Date > \$ 300-	11/23/99	\$ 100
RODGER BENSE PO BOX 88 LONG PRAIRIE, MN 56347 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LAKE COUNTRY STATE BANK Occupation: CHAIRMAN Aggregate Year-to-Date > \$ 750	11/17/99	\$ 300
JOANNE BLAIR 1100 BLAIR RD ASHLAND, AZ 85625 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST STATE BANK OF CLAYCO Occupation: DIRECTOR Aggregate Year-to-Date > \$ 300-	11/17/99	\$ 100
JOHN O. BROOKS 1003 CENTRAL AVE TRACY, CA 95378 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TRACY FEDERAL BANK FSB Occupation: PRESIDENT Aggregate Year-to-Date > \$ 350	10/1/99	\$ 300

SUBTOTAL of Receipts This Page (optional)

\$1,250

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

INDEPENDENT COMMUNITY BANKERS OF AMERICA INC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KENT CARRUTHERS P O BOX 1629 CLOVIS, NM 88102	CITIZENS BANK OF CLOVIS	11/1/99	\$ 350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 450-	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN CLINE P O BOX 856 MEXICO, MO 65265	MARTINSBURG BANK & TRUST	11/23/99	\$ 300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 350	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL DAVIS 330 S. Executive Drive Brookfield, WI 53005	LINCOLN STATE BANK	11/1/99	\$ 200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 335	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HAROLD L. DENRIES P. O. BOX 267 SAUK CENTRE, MN 56378	INDEPENDENT COMMUNITY (ICBA) BANKERS OF AMERICA	11/30/99	\$ 60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OFFICER CHIEF FINANCIAL	Aggregate Year-to-Date > \$ 240-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CARLTON DEVAUGHN P O BOX 547 LINEVILLE, AL 36266	FIRST STATE BANK OF CLAY CO.	11/17/99	\$ 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: FINANCE MGR	Aggregate Year-to-Date > \$ 300	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RONALD Diddy P O BOX 306 NEW HAMPTON, IA 50659	FIRST NATIONAL BANK	11/1/99	\$ 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHAIRMAN	Aggregate Year-to-Date > \$ 795	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LINDA ECHARD 2107 WILSON BLVD ARLINGTON, VA 22216	ICBA BANCARD, FAN	11/30/99	\$ 94.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 520.74	

SUBTOTAL of Receipts This Page (optional)

\$ 1,204.68

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 3 OF 7
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code A. J. EISENRAUCH 2107 WILSON BLVD ARLINGTON, VA 22216 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LUBA BANARD, INC. Occupation VICE PRES. Aggregate Year-to-Date > \$245.74	Date (month, day, year) 11/30/99	Amount of Each Receipt this Period \$44.68
B. Full Name, Mailing Address and ZIP Code BOB PINNEY PO BOX 1010 MULESHOE, TX 79347 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MULESHOE STATE BANK Occupation CHAIRMAN Aggregate Year-to-Date > \$300-	Date (month, day, year) 11/23/99	Amount of Each Receipt this Period \$300
C. Full Name, Mailing Address and ZIP Code OWEN O. FREEMAN, JR. 2951 WHITEFORD RD YORK, PA 17402 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer FIRST CAPITAL BANK Occupation CHAIRMAN Aggregate Year-to-Date > \$700-	Date (month, day, year) 11/17/99	Amount of Each Receipt this Period \$300
D. Full Name, Mailing Address and ZIP Code A.E. GAITHER 912 HIGH PINE RD ASHLAND, AL 36257 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer FIRST STATE BANK OF CLAY CO. Occupation DIRECTOR Aggregate Year-to-Date > \$300	Date (month, day, year) 11/17/99	Amount of Each Receipt this Period \$100
E. Full Name, Mailing Address and ZIP Code ERIC A. GILLET PO BOX 505 ATTICA, OH 44807 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SUTTON BANK Occupation PRESIDENT Aggregate Year-to-Date > \$750-	Date (month, day, year) 11/1/99	Amount of Each Receipt this Period \$300
F. Full Name, Mailing Address and ZIP Code KENNETH GVENTHER ONE THOMAS CIRCLE, S. 400 WASH. D.C. 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INDEPENDENT COMMUNITY BANKERS OF AMERICA Occupation EXEC. VICE PRES. Aggregate Year-to-Date > \$300	Date (month, day, year) 11/17/99	Amount of Each Receipt this Period \$300
G. Full Name, Mailing Address and ZIP Code ROBERT W. HAWKINS 5515 S. GRAND BLVD ST. LOUIS, MO 63111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHERN COMMERCIAL BANK Occupation CHAIRMAN Aggregate Year-to-Date > \$500	Date (month, day, year) 11/17/99	Amount of Each Receipt this Period \$500

SUBTOTAL of Receipts This Page (optional)

1,844.68

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 4 OF 7
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in full)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON HOGAN 199 wesobulge street LINEVILLE, AL 36266 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST STATE BANK OF CLAY COUNTY Occupation: DIRECTOR Aggregate Year-to-Date > \$ 300	11/17/99	\$100
B. Full Name, Mailing Address and ZIP Code D. K. HOLLIS, JR. P.O. BOX 338 MAHARRA, GA 31632 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CITIZENS COMMUNITY BANK Occupation: CHAIRMAN Aggregate Year-to-Date > \$ 1,100-	11/1/99	\$1,100
C. Full Name, Mailing Address and ZIP Code ROBERT HOWLE 2775 HWY 9 DELTA, AL 36258 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST STATE BANK OF CLAY COUNTY Occupation: DIRECTOR Aggregate Year-to-Date > \$ 300	11/17/99	\$100
D. Full Name, Mailing Address and ZIP Code JOSEPH R. JOHNSON P.O. BOX 1200 STOCKTON, CA 95201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNION SAFE DEPOSIT BANK Occupation: PRESIDENT Aggregate Year-to-Date > \$ 300	11/17/99	\$300
E. Full Name, Mailing Address and ZIP Code GREG MARTINSON P.O. BOX 267 SAUK CENTRE, MN 56378 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INDEPENDENT COMMUNITY BANKERS OF AMERICA Occupation: DIRECTOR OF EDUCATION Aggregate Year-to-Date > \$ 245.74	11/30/99	\$44.68
F. Full Name, Mailing Address and ZIP Code J. B. MCCORD P.O. BOX 517 LINEVILLE, AL 36266 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIRST STATE BANK OF CLAY COUNTY Occupation: CHAIRMAN Aggregate Year-to-Date > \$ 300	11/17/99	\$100
G. Full Name, Mailing Address and ZIP Code PAUL MERSKI 5400 ONE THOMAS CIRCLE, N.W. WASH. D.C. 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INDEPENDENT COMMUNITY BANKERS OF AMERICA Occupation: TAX COUNSEL Aggregate Year-to-Date > \$ 250-	11/17/99	\$250-

SUBTOTAL of Receipts This Page (optional)

\$1,994.68

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 7
FOR LINE NUMBER 1166

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NAME OF COMMITTEE (in Full)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. F. MORROW II 3507 SEPULVEDA BLVD TORRANCE, CA 90505 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: PREFERRED BANK Occupation: BRANCH MANAGER Aggregate Year-to-Date: > \$ 350 -	11/1/99	\$ 350
B. Full Name, Mailing Address and ZIP Code LARRY NELSON P. O. BOX 238 TELAMAH, NE 68031 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: BURT COUNTY STATE BANK Occupation: PRESIDENT Aggregate Year-to-Date: > \$ 25 -	11/1/99	\$ 100
C. Full Name, Mailing Address and ZIP Code KAY PETERSON 7777 EAST ARAPAHOE RD ENGLEWOOD, CO 80112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: ARAPAHOE BANK & TRUST Occupation: DIRECTOR Aggregate Year-to-Date: > \$ 400	11/1/99	\$ 200
D. Full Name, Mailing Address and ZIP Code DAVID L. PETRO 2107 WILSON BLVD ARLINGTON, VA 22216 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: ICBA BANCARD, INC. Occupation: VICE PRESIDENT Aggregate Year-to-Date: > \$ 245.79	11/30/99	\$ 44.68
E. Full Name, Mailing Address and ZIP Code RAMONA PREZEAU 900 BROAD STREET NEWARK, NJ 07102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: CITY NATIONAL BANK OF NJ Occupation: DIRECTOR Aggregate Year-to-Date: > \$ 250 -	11/23/99	\$ 250
F. Full Name, Mailing Address and ZIP Code MARK A. RAITOR P. O. BOX 267 SAUK CENTRE, MN 56378 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: INDEPENDENT COMMUNITY BANKERS OF AMERICA Occupation: EXEC. DIRECTOR Aggregate Year-to-Date: > \$ 458.36	11/30/99	\$ 83.32
G. Full Name, Mailing Address and ZIP Code WILLIAM REID, JR. 6077 PRIMACY PKWY MEMPHIS, TN 38119 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: ICBA FINANCIAL SERVICES CORP. Occupation: PRESIDENT Aggregate Year-to-Date: > \$ 245.79	11/30/99	\$ 44.68

SUBTOTAL of Receipts This Page (optional) \$1,072.68

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE A. SCHRIEFER P.O. BOX 20810 WICHITA, KS 67208	BANKERS' BANK OF KANSAS Occupation: PRESIDENT	11/23/99	\$ 300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN S. SHIVERS PO BOX 962020 FORT WORTH, TX 76162	SOUTHWEST BANK Occupation: CHAIRMAN	11/17/99	\$ 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,550		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGER J. SINDOTT 222 GENESSEE ST UTICA, NY 13502	BANK OF UTICA Occupation: PRESIDENT	11/1/99	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LANGDON SKARDA P.O. BOX 1629 CLOVIS, NM 88102	CITIZENS BANK OF CLOVIS Occupation: DIRECTOR	11/1/99	\$ 350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYNELL G. SKARDA P.O. BOX 1629 CLOVIS, NM 88102	CITIZENS BANK OF CLOVIS Occupation: CHAIRMAN	11/1/99	\$ 350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BERNARD SPURLIN 83 BARFIELD SCHOOL DR LINEVILLE, AL 36266	FIRST STATE BANK OF CLAY CO. Occupation: DIRECTOR	11/17/99	\$ 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN STEFFES PO BOX 267 SAUK CENTRE, MN 56378	INDEPENDENT COMMUNITY BANKERS OF AMERICA Occupation: DIR. OF INFO SYSTEMS	11/30/99	\$ 44.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 345.74		

SUBTOTAL of Receipts This Page (optional)	\$ 2,644.68
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 7
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code A. PIERCE STONE P.O. BOX 888 LOUISA, VA 23093 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer VIRGINIA COMMUNITY BANK Occupation CHAIRMAN Aggregate Year-to-Date > \$3,705	Date (month, day, year) 11/1/99	Amount of Each Receipt this Period \$2,200
B. Full Name, Mailing Address and ZIP Code DONALD E. THOMPSON PO BOX G TROY, MO 63379 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer PEOPLES BANK & TRUST CO. Occupation CHAIRMAN Aggregate Year-to-Date > \$4,755	Date (month, day, year) 11/1/99	Amount of Each Receipt this Period \$750
C. Full Name, Mailing Address and ZIP Code BILL TODD PO BOX 547 LINEVILLE, AL 36266 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer FIRST STATE BANK OF CLAY COUNTY Occupation DIRECTOR Aggregate Year-to-Date > \$300	Date (month, day, year) 11/17/99	Amount of Each Receipt this Period \$100
D. Full Name, Mailing Address and ZIP Code O. JAY TOMSON PO BOX 1700 MASON CITY, IA 50402 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer FIRST CITIZENS NATIONAL BANK Occupation CHAIRMAN Aggregate Year-to-Date > \$830	Date (month, day, year) 11/1/99	Amount of Each Receipt this Period \$240
E. Full Name, Mailing Address and ZIP Code KEN VAUGHAN PO BOX 547 LINEVILLE, AL 36266 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer FIRST STATE BANK OF CLAY COUNTY Occupation PRESIDENT Aggregate Year-to-Date > \$675	Date (month, day, year) 11/17/99	Amount of Each Receipt this Period \$100
F. Full Name, Mailing Address and ZIP Code CHARLES E. WALSH P.O. BOX 928 BURLINGTON, IA 52601 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer FARMERS & MERCHANTS BANK Occupation PRESIDENT Aggregate Year-to-Date > \$685	Date (month, day, year) 11/1/99	Amount of Each Receipt this Period \$100
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) \$3,490

TOTAL This Period (last page this line number only) \$13,501.⁴⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code SOUTH CAROLINA BANKERS POLITICAL ACTION COMMITTEE 2009 PARK STREET COLUMBIA, SC. 29201-2006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTH CAROLINA BANKERS ASSOCIATION Occupation Aggregate Year-to-Date > \$ 2,500	Date (month, day, year)	Amount of Each Receipt this Period \$ 2,500
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)

\$ 2,500

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CENTURY NATIONAL BANK 1875 EYE STREET, N.W. WASHINGTON, D.C. 20006		11/30/99	\$492.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): INTEREST ADJUSTED	Occupation	Aggregate Year-to-Date > \$ 3,573.11	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$492.58

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)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAVID MINGE for CONGRESS P.O. BOX 71 GRANITE FALLS, MN 56241	CAMPAIGN CONTRIBUTION MA-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 12000	11/1/99	\$500
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 South Capitol Street Wash. D.C. 20003	CAMPAIGN CONTRIBUTION 199-2000 MEMBERSHIP Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 12000	11/1/99	\$4,000
EARL POMEROY for CONGRESS P.O. Box 752/40 WASHINGTON, D.C. 20013	CAMPAIGN CONTRIBUTION ND-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 12000	11/1/99	\$500
CHARLES SCHUMER for SENATE #60 MADISON AVE #120 NEW YORK, NY 10010	CAMPAIGN CONTRIBUTION NY-SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 12004	11/1/99	\$2,000
MINNEHANA PORK ASSOC. 24831 - 476th Ave Selle Rapids, SD 57022	RECEPTION for TIM JOHNSON Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 12002	11/1/99	(IN-KIND) \$380.50
DON SCOTT 3120 Old Orchard Trail SIOUX FALLS, SD 57103	RECEPTION for TIM JOHNSON Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 12002	11/1/99	(IN-KIND) \$319.93
TIM JOHNSON for SENATE 420 "C" STREET, N.E. WASH. D.C. 20002	CAMPAIGN CONTRIBUTION SD-SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 12002	11/1/99	\$4,299.52
UDALL for US ALL P.O. BOX 208 SANTA FE, NM 87504	CAMPAIGN NM-3 CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 12000	11/2/99	\$500
BOB KERREY for U.S. Senate 17602 PACIFIC ST. OMAHA, NE 68114	CAMPAIGN CONTRIBUTION NE-SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 12000	11/5/99	\$1,000

SUBTOTAL of Disbursements This Page (optional)

\$13,500

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LARRY COMBEST CONG. CMTE P.O. BOX 10667 LUBBOCK, TX 79408	CAMPAIGN CONTRIBUTION TX-19 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) '2000	11/5/99	\$1,000
BLANCHE LAMBERT-LINCOLN for U.S. Senate P.O. BOX 3197 LITTLE ROCK, AR 72203	CAMPAIGN CONTRIBUTION AR-SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) '2004	11/10/99	\$1,000
FRIENDS OF JIM MALONEY 20 East Main St #235 Waterbury, CT 06702	CAMPAIGN CONTRIBUTION CT-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) '2000	11/10/99	\$500
PAT TOOMEY for CONG P.O. BOX 2076 ARLINGTON, VA 22202	CAMPAIGN CONTRIBUTION PA-15 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) '2000	11/10/99	\$500
A LOT OF PEOPLE SUPPORTING JEFF BINGAMAN 236 MASSACHUSETTS AVE WASH. D.C. 20002	CAMPAIGN CONTRIBUTION NM-SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) '2000	11/10/99	\$1,000
CITIZENS for PAUL SARBANES 503 CAPITAL COURT, N.E. WASH. D.C. 20002	CAMPAIGN CONTRIBUTION MD-SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) '2000	11/10/99	\$2,000
LEETEREY for CONGRESS 1212 N. VERNON STREET ARLINGTON, VA 22201	CAMPAIGN CONTRIBUTION NE-SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) '2000	11/29/99	\$1,000
ROD GRAMS for SENATE 507 Capital Ct, N.E. WASH. D.C. 20002	CAMPAIGN CONTRIBUTION MN-SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) '2000	11/29/99	\$1,000
CMTE TO RE-ELECT LORETTA SANCHEZ 604 HARBOR BLVD SANTA ANA, CA 92704	CAMPAIGN CONTRIBUTION CA-40 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) '2000	11/29/99	\$1,000

SUBTOTAL of Disbursements This Page (optional)

\$9,000

TOTAL This Period (last page this line number only)

\$22,500

