

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM

2001 JUL 26 P 2:18

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: if typing, type over the lines.

12PB4M5

ADDRESS (number and street)

C00216754 060601 N 288
 HUBERT JULIAN PHILPOTT JR
 NORTH CAROLINA FARM BUREAU FED
 ERATION INC POL ACT CMTTE INC
 5301 GLENWOOD AVENUE
 RALEIGH NC 27612

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00216754

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

In the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

In the State of

5. Covering Period

01 01 2001 through 06 30 2001

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 H. JULIAN PHILPOTT, JR.

Signature of Treasurer

H. Julian Philpott, Jr.

Date

07 18 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name **NORTH CAROLINA FARM BUREAU FEDERATION, INC.,
POLITICAL ACTION COMMITTEE, INC.**

Report Covering the Period: From: **01/01/2001** To: **06/30/2001**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		1302337
(b) Cash on Hand at Beginning of Reporting Period	1302337	
(c) Total Receipts (from Line 1R)	191658	191658
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1493995	1493995
7 Total Disbursements (from Line 2R)	421500	421500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1072495	1072495
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name NORTH CAROLINA FARM BUREAU FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.

Report Covering the Period: From: 01/01/2001 To: 06/30/2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
(ii) Unitemized	1,791.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1,791.00	1,791.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	1,791.00	1,791.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	1,255.8	1,255.8
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	1,916.58	1,916.58
20. Total Federal Receipts (subtract Line 18 from Line 19)	1,916.58	1,916.58

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 21(a)(i), (a)(ii), and (b))			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees	355,000	355,000	
24. Independent Expenditures (use Schedule E)			
25. Administrative 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 (add Lines 28(a), (b), and (c))	665,000	665,000	
29. Other Disbursements			
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	4,215,000	4,215,000	
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	4,215,000	4,215,000	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from Line 11(d), page 3)	1,791,000	1,791,000	
33. Total Contribution Refunds (from Line 28(d))	0,000	0,000	
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1,791,000	1,791,000	
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))			
36. Offsets to Operating Expenditures (from Line 15, page 3)			
37. Net Operating Expenditures (subtract Line 36 from Line 35)			

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17	

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) **NORTH CAROLINA FARM BUREAU FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.**

A. Full Name (Last, First, Middle Initial)
BB & T

Mailing Address
P.O. BOX 27961

City **RALEIGH** State **NC** Zip Code **27612**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) **INTEREST ON CHECKING**

Aggregate Year-to-Date **12558**

Date of Receipt
06 / 30 / 2001

Amount of Each Receipt this Period
12558

B. Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date _____

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date _____

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **12558**

TOTAL This Period (last page this line number only) **12558**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 2
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full) **NORTH CAROLINA FARM BUREAU FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.**

A.

Full Name (Last, First, Middle Initial) BOB ETHERIDGE FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 28001

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement CONTRIBUTION YTD \$400.00

Candidate Name BOB ETHERIDGE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NC District: 2

Date of Disbursement 05/22/2001

Amount of Each Disbursement this Period 400.00

Category/Type 011

B.

Full Name (Last, First, Middle Initial) EVA CLAYTON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 25627

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement CONTRIBUTION YTD \$1,000.00

Candidate Name EVA CLAYTON

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NC District: 1

Date of Disbursement 05/22/2001

Amount of Each Disbursement this Period 1000.00

Category/Type 011

C.

Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1

City LUMBERTON State NC Zip Code 28359

Purpose of Disbursement CONTRIBUTION YTD \$1,000.00

Candidate Name MIKE MCINTYRE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NC District: 7

Date of Disbursement 05/22/2001

Amount of Each Disbursement this Period 1000.00

Category/Type 011

SUBTOTAL of Disbursements This Page (optional) 2400.00

TOTAL This Period (last page this line number only) 2400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the instant summary page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 28
<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28d	<input type="checkbox"/> 28e

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NAME OF COMMITTEE (In Full) **NORTH CAROLINA FARM BUREAU FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.**

A.

Full Name (Last, First, Middle Initial) _____

HAYES FOR CONGRESS

Mailing Address: **137 UNION STREET SOUTH**

City: **CONCORD** State: **NC** Zip Code: **28025**

Purpose of Disbursement: **CONTRIBUTION** YTD **\$500.00** Category/Type: **0 1 1**

Candidate Name: **ROBIN HAYES**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District: **8**

Date of Disbursement: **06 01 2001**

Amount of Each Disbursement this Period: **500.00**

B.

Full Name (Last, First, Middle Initial) _____

CHARLES TAYLOR FOR CONGRESS COMMITTEE

Mailing Address: **22 SOUTH PACK SQUARE**

City: **ASHEVILLE** State: **NC** Zip Code: **28801**

Purpose of Disbursement: **CONTRIBUTION** YTD **\$650.00** Category/Type: **0 1 1**

Candidate Name: **CHARLES TAYLOR**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District: **11**

Date of Disbursement: **06 27 2001**

Amount of Each Disbursement this Period: **650.00**

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Category/Type: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional) **1,550.00**

TOTAL This Period (last page this line number only) **3,550.00**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

21b 22 23 24 25
 26 27 28a 29 29a 29b

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NAME OF COMMITTEE (In Full) **NORTH CAROLINA FARM BUREAU FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

A.

U S TREASURY
Mailing Address

City: MEMPHIS State: TN Zip Code: 37501

Purpose of Disbursement: 2000 FEDERAL TAX 1120 POL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) 1120 POL

State: _____ District: _____

Date of Disbursement: 04 / 06 / 2001

Amount of Each Disbursement this Period: 0.01

Category/Type: _____

B.

U S TREASURY
Mailing Address

City: MEMPHIS State: TN Zip Code: 37501

Purpose of Disbursement: 2000 FEDERAL TAX 1120 POL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) 1120 POL

State: _____ District: _____

Date of Disbursement: 04 / 06 / 2001

Amount of Each Disbursement this Period: 450.40

Category/Type: _____

C.

B B & T
Mailing Address: P.O. BOX 27961

City: RALEIGH State: NC Zip Code: 27612

Purpose of Disbursement: BANK SERVICE CHARGES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) 1120 POL

State: _____ District: _____

Date of Disbursement: 06 / 01 / 2001

Amount of Each Disbursement this Period: 389.61

Category/Type: _____

SUBTOTAL of Disbursements This Page (optional) _____

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

Amount of Each Disbursement this Period: 1111.5040

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full) **NORTH CAROLINA FARM BIOTRAIT FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.**

Full Name (Last, First, Middle Initial) A		Date of Disbursement
Mailing Address KPMG LLP P.O. BOX 120001		06 13 2001
City DALLAS	State TX	Zip Code 75312
Purpose of Disbursement 2000 AUDIT EXPENSE	Category/Type 001	Amount of Each Disbursement this Period 5,025.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	


Full Name (Last, First, Middle Initial) B		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	5,025.00
TOTAL This Period (last page this line number only)	6,650.00

**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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-18-01
<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	7-26-01 DATE PREPARED