REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Oct 19 8 34 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
NORTH CAROLINA PORK PRODUCERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
136 Blue Lake Court

CITY, STATE and ZIP CODE
RALEIGH NC 27615

2. FEC IDENTIFICATION NUMBER
C00285184

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

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

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

5. Covering Period 07/01/96 through 09/30/96

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 96		$ 44460.94
	(b) Cash on Hand at Beginning of Reporting Period	$ 29885.58	
	(c) Total Receipts (from line 19)	$ 1457.05	$ 15589.92
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31482.59	$ 60049.76
7.	Total Disbursements (from Line 30)	$ 4776.23	$ 33343.40
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 26706.36	$ 26706.36
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 202-219-3420

I (we) certify that I have examined this Report and to the best of my (our) knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
JACKIE G. WHITLEY

Signature of Treasurer: Jackie G. Whitley

Date: 10/11/96

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 9/96)

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

Revised 1/1/00

NAME OF COMMITTEE: NORTH CAROLINA PORK PRODUCERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD: From 07/01/98 To 09/30/98

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (see Schedule A)	920.00	18145.00
ii. Unitemized	500.00	5005.00
iii. Total (add i and ii)	1420.00	19150.00
b. Political Party Committees	-0-.	-0-.
c. Other Political Committees (such as PACs)	-0-.	-0-.
d. Total Contributions (add a iii, b and c)	1420.00	19150.00
12. Transfers From Affiliated/Other Party Committees	-0-.	-0-.
13. All Loans Received	-0-.	-0-.
14. Loan Repayments Received	-0-.	-0-.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-.	-0-.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-.	100.00
17. Other Federal Receipts (Dividends, Interest, etc.)	77.08	338.92
18. Transfers from Nonfederal Account for Joint Activity	-0-.	-0-.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	1497.08	19588.92
20. Total Federal Receipts (subtract line 18 from line 19)	1497.08	19588.92
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-.	-0-.
ii. Non-Federal Share	-0-.	-0-.
b. Other Federal Operating Expenditures	1.25	2657.13
c. Total Operating Expenditures (Add a i, a ii, and b)	1.25	2657.13
22. Transfers to Affiliated/Other Party Committees	-0-.	7800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	3250.00	3350.00
24. Independent Expenditures (see Schedule E)	-0-.	-0-.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)	-0-.	-0-.
26. Loan Repayments Made	-0-.	-0-.
27. Loans Made	-0-.	-0-.
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-.	-0-.
b. Political Party Committees	-0-.	-0-.
c. Other Political Committees (such as PACs)	-0-.	-0-.
d. Total Contribution Refunds (Add a, b and c)	-0-.	-0-.
29. Other Disbursements	1525.00	23736.27
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	4776.25	37543.40
31. Total Federal Disbursements (subtract line 21a ii from line 30)	4776.25	37543.40
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	1420.00	19150.00
33. Total Contribution Refunds (from line 28d)	-0-.	-0-.
34. Net Contributions (other than loans) (subtract line 33 from 32)	1420.00	19150.00
35. Total Federal Operating Expenditures (add 21a i and 21b)	1.25	2657.13
36. Offsets to Operating Expenditures (from line 15)	-0-.	-0-.
37. Net Operating Expenditures (subtract line 36 from 35)	1.25	2657.13

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA PORK PRODUCERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

FEC ID No. C00235184

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code ERIC J GRAINER 206 W BAINTREE LANE GOLDSBORO NC 27534 Receipt for: [ ] Primary [ ] General [X] Other (specify) N/A	PHARMACIA & UPJOHN INC Occupation: SALESPERSON Aggregate Year-To-Date >-$	9/19/98 1080.00	620.00 PC GOLF 10/4
B. Full Name, Mailing Address and ZIP Code Receipt for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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)	620.00
TOTAL This Period (last page this line number only)	620.00

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11a11

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA PORK PRODUCERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

FEC ID No. C00235194

Name	Address	Name of Employer	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code	R JAY ROSWELL R 3 BOX 870 GREENVILLE NC 27834	SOUTHERN STATES	SALESPERSON	9/19/96	160.00
Receipt for: [ ] Primary [ ] General [X] Other (specify) N/A		Aggregate Year-To-Date >-$		320.00	PC 00LF-10/4
B. Full Name, Mailing Address and ZIP Code	DWIGHT K SNEYER PO BOX 323 FRANKLIN VA 23851	CONT L GRAIN/WAYNE FEEDS	SALESPERSON	9/19/96	160.00
Receipt for: [ ] Primary [ ] General [X] Other (specify) N/A		Aggregate Year-To-Date >-$		320.00	PC 00LF-10/4
C. Full Name, Mailing Address and ZIP Code	S H HAYES 8505 N BROAD ST RICHMOND VA 23290	HENSHAW HYBRIDS	SALESPERSON	9/19/96	160.00
Receipt for: [ ] Primary [ ] General [X] Other (specify) N/A		Aggregate Year-To-Date >-$		160.00	PC 00LF-10/4
D. Full Name, Mailing Address and ZIP Code	RICHARD HASH [illegible] SYCAMORE AVE SHELBY VA 23878	SOUTHERN STATES	SALESPERSON	9/19/96	160.00
Receipt for: [ ] Primary [ ] General [X] Other (specify) N/A		Aggregate Year-To-Date >-$		320.00	PC 00LF-10/4
E. Full Name, Mailing Address and ZIP Code	RICHARD H SUNRELL [illegible] SPRING ST OXFORD NC 27565	CONT L GRAIN/WAYNE FEEDS	SALES MANAGER	9/19/96	160.00
Receipt for: [ ] Primary [ ] General [X] Other (specify) N/A		Aggregate Year-To-Date >-$		160.00	PC 00LF-10/4
F. Full Name, Mailing Address and ZIP Code					
Receipt for: [ ] Primary [ ] General [ ] Other (specify)		Aggregate Year-To-Date >-$			
G. Full Name, Mailing Address and ZIP Code					
Receipt for: [ ] Primary [ ] General [ ] Other (specify)		Aggregate Year-To-Date >-$			

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	800.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA PORK PRODUCERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

FEC ID No. C00295156

A. Full Name, Mailing Address and ZIP Code BRANCH BANK & TRUST CO BAIL, 200 EAST CHATHAM ST CARY NC 27511-0870	Name of Employer (INTEREST RECEIVED IN CHECKING ACCOUNT	Date (month, day, year) 9/30/96	Amount of Each Receipt this Period 77.06
Receipt for: [ ] Primary [ ] General [X] Other (specify) N/A	Occupation N/A Aggregate Year-To-Date >= $ 308.92		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: [ ] Primary [ ] General [ ] Other (specify)	Occupation Aggregate Year-To-Date >= $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Occupation Aggregate Year-To-Date >= $		

SUBTOTAL of Receipts This Page (optional)	77.06
TOTAL This Period (last page this line number only)	77.06

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA PORK PRODUCERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

FEC ID No. C00235184

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code INTERNAL REVENUE SERVICE MEMPHIS TENNESSEE 37501	PENALTY TAX-1120-POL Disbursement for: [ ] Primary [ ] General [X] Other (specify) IRS TAX	7/26/95	1.25
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

SUBTOTAL of Disbursements This Page (optional)	1.25
TOTAL This Period (last page this line number only)	1.25

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA PORK PRODUCERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

FEC ID No. C00235184

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code COM. TO ELECT CASS BALLENGER PO BOX 1880 HICKORY NC 28603	US HSE OF REP. R-10 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
B. Full Name, Mailing Address and ZIP Code COM. TO ELECT RICHARD BURR 2834 FOREST DRIVE WINSTON-SALEM NC 27104	US HSE OF REP. R-5 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
C. Full Name, Mailing Address and ZIP Code COM. TO ELECT EVA CLAYTON 59 RIVER ROAD LITTLETON NC 27850	US HSE OF REP. D-1 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
D. Full Name, Mailing Address and ZIP Code COM. TO ELECT HOWARD COBLE PO BOX 299 GREENSBORO NC 27402-0299	US HSE OF REP. R-6 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
E. Full Name, Mailing Address and ZIP Code COM. TO ELECT BOB FINKBIDGE PO BOX 1059 LILLINGTON NC 27546	US HSE OF REP. D-2 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
F. Full Name, Mailing Address and ZIP Code COM. TO ELECT DAVID FUNDERBURK PO BOX 190 MILES CROSS NC 27506	US HSE OF REP. R-2 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
G. Full Name, Mailing Address and ZIP Code COM. TO ELECT JAMES H FERGUSON R 3 BOX 43 CLYDE NC 28721	US HSE OF REP. R-11 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
H. Full Name, Mailing Address and ZIP Code COM. TO ELECT HARVEY GANTT PO BOX 35555 CHARLOTTE NC 28235	US SENATE R Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
I. Full Name, Mailing Address and ZIP Code COM. TO ELECT W. G. HEFNER PO BOX 386 CONCORD NC 28025	US HSE OF REP. R-8 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00

SUBTOTAL of Disbursements This Page (optional) 2250.00

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

FOR LINE NUMBER 28

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA PORK PRODUCERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

FEC ID No. C00235184

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CHIAS FOR SENATE CAMPAIGN PO BOX 20599 RALEIGH NC 27619	US SENATE-2 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
B. Full Name, Mailing Address and ZIP Code COM. TO ELECT WALTER JONES 502 HILLCREST DR FARMVILLE NC 27828	US REP REP, 3-3 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
C. Full Name, Mailing Address and ZIP Code COM. TO ELECT SUE MYRICK 310 W 114TH ST CHARLOTTE NC 28202	US REP REP, 9-9 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
D. Full Name, Mailing Address and ZIP Code COM. TO ELECT C R TAYLOR 22 S PACK SQ. STE. 330 ASHEVILLE NC 28801	US REP REP, 9-11 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/5/96	250.00
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

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	3250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA PORK PRODUCERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

FEC I.D. No. C00235184

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code COM. TO ELECT TOM DAVIDSON PO BOX 14411 DURHAM NC 27709-4411	NC COM. OF AGRIC. B Primary [ ] General [X] Other (specify) 11/96	9/20/96	200.00
B. Full Name, Mailing Address and ZIP Code COM. TO ELECT MIKE EASLEY PO BOX 750 RALEIGH NC 27602	NC ATTORNEY GENERAL-D Primary [ ] General [X] Other (specify) 11/96	9/5/96	200.00
C. Full Name, Mailing Address and ZIP Code COM. TO ELECT GEORGE HILLER PO BOX 451 DURHAM NC 27702-0451	NC SENATE-D-23 Primary [ ] General [X] Other (specify) 11/96	9/20/96	250.00
D. Full Name, Mailing Address and ZIP Code COM. TO ELECT HARRY PAYNE 3 N HARBOR OAKS, ST. JOSEPH ST CAROLINA BEACH NC 28428	NC COM. OF LABOR Primary [ ] General [X] Other (specify) 11/96	9/5/96	200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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 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 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 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 Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	850.00
TOTAL This Period (last page this line number only)	850.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA PORK PRODUCERS ASSOCIATION, INC. POLITICAL ACTION COMMITTEE

FEC I.D. No. C00275184

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code COM. TO ELECT F. W. BALLANCE PO BOX 816 WARRENTON NC 27589	NC SENATE-D-2 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/20/96	125.00
B. Full Name, Mailing Address and ZIP Code COM. TO ELECT MILAY COBLOCK 2300 MORRIS RD CLAYTON NC 27520	NC REP, REP, D-20 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/20/96	125.00
C. Full Name, Mailing Address and ZIP Code COM. TO ELECT JAMES H LOBB PO BOX 26387 RALEIGH NC 27611	NC COM. OF INSURANCE Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/20/96	100.00
D. Full Name, Mailing Address and ZIP Code COM. TO ELECT LINWOOD MERCER PO BOX 728 FARMVILLE NC 27828	NC REP, REP, D-6 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/20/96	125.00
E. Full Name, Mailing Address and ZIP Code COM. TO ELECT BURLEY MITCHELL PO BOX 995 RALEIGH NC 27602	NC CHIEF JUS. SUPREME CT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/20/96	100.00
F. Full Name, Mailing Address and ZIP Code COM. TO ELECT JOHN RATFIELD 119 OAK TRAIL BELMONT NC 28012	NC REP, REP, D-96 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 11/96	9/20/96	100.00
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

SUBTOTAL of Disbursements This Page (optional)	675.00
TOTAL This Period (last page this line number only)	675.00

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED 10-15-96
☐	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

TS 10-19-96

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)