

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

ADDRESS (number and street) 5301 GLENWOOD AVENUE RALEIGH NC 27612 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00216754 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2007 through 06 30 2007

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 Electronically Filed by H. Julian Philpott, Jr. Date 07 13 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU  
FARMPAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		38033.93
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	38033.93									
(c) Total Receipts (from Line 19) .....	42271.03	42271.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	80304.96	80304.96								
7. Total Disbursements (from Line 31) .....	18680.00	18680.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	61624.96	61624.96								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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**

Write or Type Committee Name

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARPAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	19975.00	19975.00
(i) Itemized (use Schedule A) .....	19296.03	19296.03
(ii) Unitemized .....	39271.03	39271.03
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	39271.03	39271.03
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	42271.03	42271.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42271.03	42271.03

**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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	18000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	680.00	680.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18680.00	18680.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18680.00	18680.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	39271.03	39271.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39271.03	39271.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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 POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC**

**A.** Full Name (Last, First, Middle Initial)  
 Jerry Anderson

Mailing Address 6180 Mill Pond Road

City State Zip Code  
 Lenoir NC 28645

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

Name of Employer Self Occupation  
 Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

**Transaction ID:** SA11A1.4667

Amount of Each Receipt this Period  
 400.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Steve Arrington

Mailing Address 2809 Spring Forest Road

City State Zip Code  
 Raleigh NC 27616

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

Name of Employer Self Occupation  
 Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 8 / 2 0 0 7

**Transaction ID:** SA11A1.4866

Amount of Each Receipt this Period  
 400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Daniel Babb

Mailing Address 608 N 13th St

City State Zip Code  
 Lillington NC 27546

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

Name of Employer Self Occupation  
 Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 2 / 2 0 0 7

**Transaction ID:** SA11A1.4788

Amount of Each Receipt this Period  
 400.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

**A.** Full Name (Last, First, Middle Initial)  
Phillip Beaman

Mailing Address 135 Mountain Drive

City State Zip Code  
 Troy NC 27371

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

Name of Employer Self Occupation  
 Self Insurance Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2007

**Transaction ID:** SA11A1.5035

Amount of Each Receipt this Period  
 400.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
David Beasley

Mailing Address PO Box 636

City State Zip Code  
 Dobson NC 27017

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

Name of Employer Self Occupation  
 Self Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 13 / 2007

**Transaction ID:** SA11A1.4655

Amount of Each Receipt this Period  
 300.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Keith Cable

Mailing Address PO Box 6935

City State Zip Code  
 Asheville NC 28816

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

Name of Employer Self Occupation  
 Self Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 13 / 2007

**Transaction ID:** SA11A1.4657

Amount of Each Receipt this Period  
 300.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC**

<b>A.</b> Full Name (Last, First, Middle Initial) Gregory Corbett		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 167 Corbett Road		<b>Transaction ID:</b> SA11A1.4952
City State Zip Code Troy NC 27371	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Occupation Insurance Sales	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Lenard Cox		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address PO Box 6935		<b>Transaction ID:</b> SA11A1.4949
City State Zip Code Asheville NC 28816	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Occupation Insurance Sales	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Barry Crawford		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address PO Box 550		<b>Transaction ID:</b> SA11A1.4787
City State Zip Code Newland NC 28657	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Occupation Insurance Marketing	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) Gerald Davis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 802 4th Street		<b>Transaction ID:</b> SA11A1.5027
City State Zip Code Conover NC 28613	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Occupation Insurance Sales	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Raymond Davis		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 6032 Farm Pond Road		<b>Transaction ID:</b> SA11A1.4937
City State Zip Code Apex NC 27523	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Occupation Insurance Marketing	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Raymond Davis		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 6032 Farm Pond Road		<b>Transaction ID:</b> SA11A1.4938
City State Zip Code Apex NC 27523	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Occupation Insurance Marketing	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Early		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 624 Davis Love Drive		<b>Transaction ID:</b> SA11A1.4943
City State Zip Code Chapel Hill NC 27517	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Occupation Insurance Marketing	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Charles Early		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 624 Davis Love Drive		<b>Transaction ID:</b> SA11A1.4982
City State Zip Code Chapel Hill NC 27517	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Occupation Insurance Marketing	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Ellenberg		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address PO Box 1987		<b>Transaction ID:</b> SA11A1.4654
City State Zip Code Leland NC 28451	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Occupation Insurance Sales	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC**

**A.** Full Name (Last, First, Middle Initial)  
Robert Gibson

Mailing Address 1856 Asheville Hwy

City Brevard State NC Zip Code 28712

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

**Transaction ID:** SA11A1.4660

Amount of Each Receipt this Period  
 400.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Shane Gragg

Mailing Address 200 Pinewood Circle

City Hendersonville State NC Zip Code 28739

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

**Transaction ID:** SA11A1.4665

Amount of Each Receipt this Period  
 400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Brian Greene

Mailing Address 685 Pritchard Road

City Croosnore State NC Zip Code 28616

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

Name of Employer Self Occupation Agriculture

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 3 / 2 0 0 7

**Transaction ID:** SA11A1.4947

Amount of Each Receipt this Period  
 400.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) Jay Ham Mailing Address 867 Dyke Smith Road		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4861
City State Zip Code La Grange NC 28551	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Occupation Insurance Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Hugh House Mailing Address 663 Par Drive		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4950
City State Zip Code Jacksonville NC 28540	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Occupation Insurance Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dwight Hudson Mailing Address 706 Walkingstick Trail		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4723
City State Zip Code Clinton NC 28328	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Occupation Insurance Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 26
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) Jeffrey Jackson Mailing Address PO Box 685 City State Zip Code Whiteville NC 28472 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7 <b>Transaction ID: SA11A1.4726</b> Amount of Each Receipt this Period 400.00 Contribution
Name of Employer Self Occupation Insurance Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Trina Joyce Mailing Address 3047 S Church Street City State Zip Code Burlington NC 27215 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7 <b>Transaction ID: SA11A1.4946</b> Amount of Each Receipt this Period 400.00 Contribution
Name of Employer Self Occupation Insurance Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Richard Lane Mailing Address 5334 Moore Acres Drive City State Zip Code Granite Falls NC 28630 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7 <b>Transaction ID: SA11A1.4941</b> Amount of Each Receipt this Period 400.00 Contribution
Name of Employer Self Occupation Insurance Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC**

**A.** Full Name (Last, First, Middle Initial)  
 Terry Luther

Mailing Address 164 Dobbs Drive

City Statesville State NC Zip Code 28625

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 2 / 2 0 0 7

**Transaction ID: SA11A1.4781**

Amount of Each Receipt this Period  
 400.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Pedro Massol, Jr.

Mailing Address 404 Duart Road

City Lumberton State NC Zip Code 28358

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

**Transaction ID: SA11A1.4728**

Amount of Each Receipt this Period  
 400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Robert McCracken

Mailing Address PO Box 1945

City Reidsville State NC Zip Code 27320

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

**Transaction ID: SA11A1.4669**

Amount of Each Receipt this Period  
 1600.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 26
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

**A.** Full Name (Last, First, Middle Initial)  
 Michael McDaniel

Mailing Address 703 West Lane St

City Raleigh State NC Zip Code 27603

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

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2007

**Transaction ID: SA11A1.5033**

Amount of Each Receipt this Period  
 400.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Octavius Murphy

Mailing Address 3272 Grandview Club Road

City Pfafftown State NC Zip Code 27040

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2007

**Transaction ID: SA11A1.5031**

Amount of Each Receipt this Period  
 400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Roy Peterson

Mailing Address PO Box 732

City Marle State NC Zip Code 28905

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2007

**Transaction ID: SA11A1.4790**

Amount of Each Receipt this Period  
 400.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

**A.** Full Name (Last, First, Middle Initial)  
 Brian Poindexter

Mailing Address 1222 Sequoia Drive

City Lewisville State NC Zip Code 27023

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 8 / 2 0 0 7

**Transaction ID:** SA11A1.4868

Amount of Each Receipt this Period  
 800.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Ricky Poindexter

Mailing Address 3013 Raven Hill Drive

City East River State NC Zip Code 27018

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

**Transaction ID:** SA11A1.4664

Amount of Each Receipt this Period  
 400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Michael Ransom

Mailing Address 247 Summertime Road

City Fayetteville State NC Zip Code 28303

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 3 / 2 0 0 7

**Transaction ID:** SA11A1.4939

Amount of Each Receipt this Period  
 400.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 26
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) Les Renfrow Mailing Address PO Box 1558 City State Zip Code Tarboro NC 27886 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7 <b>Transaction ID: SA11A1.4944</b> Amount of Each Receipt this Period 400.00 Contribution
Name of Employer Self Occupation Self Insurance Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ricky Sandy Mailing Address PO Box 418 City State Zip Code Raeford NC 28376 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7 <b>Transaction ID: SA11A1.5029</b> Amount of Each Receipt this Period 400.00 Contribution
Name of Employer Self Occupation Self Insurance Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) James Sawyer Mailing Address 210 Queens Cove Way City State Zip Code Whispering Pines NC 28327 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7 <b>Transaction ID: SA11A1.4783</b> Amount of Each Receipt this Period 400.00 Contribution
Name of Employer Self Occupation Self Insurance Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) Jeffrey Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 105 Edgebrook Drive		<b>Transaction ID:</b> SA11A1.4933
City State Zip Code Pikeville NC 27863	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Occupation Insurance Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Lee Smith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 207 Sunset St		<b>Transaction ID:</b> SA11A1.4662
City State Zip Code Newton Grove NC 28366	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Occupation Insurance Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Stacey		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 403 Clayton Avenue		<b>Transaction ID:</b> SA11A1.4785
City State Zip Code Roxboro NC 27573	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Occupation Insurance Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

**A.** Full Name (Last, First, Middle Initial)  
Ken Stone

Mailing Address 114 Bridgewater Drive

City State Zip Code  
**Advance NC 27006**

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

Name of Employer Self Occupation  
 Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**05 23 2007**

**Transaction ID: SA11A1.4935**

Amount of Each Receipt this Period  
 300.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jay Surles

Mailing Address 1613 Pelham Road

City State Zip Code  
**Winterville NC 28590**

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

Name of Employer Self Occupation  
 Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 18 2007**

**Transaction ID: SA11A1.5025**

Amount of Each Receipt this Period  
 300.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
James Twisdale

Mailing Address Po Box 1500

City State Zip Code  
**Henderson NC 27536**

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

Name of Employer Self Occupation  
 Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**05 08 2007**

**Transaction ID: SA11A1.4863**

Amount of Each Receipt this Period  
 400.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC**

**A.** Full Name (Last, First, Middle Initial)  
 John Wickham

Mailing Address 739 West Main Street

City State Zip Code  
 Washington NC 27889

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

Name of Employer Self Occupation  
 Self Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 13 / 2007

**Transaction ID: SA11A1.4658**

Amount of Each Receipt this Period  
 325.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Ronnie Williams

Mailing Address PO Box 430

City State Zip Code  
 Carthage NC 28327

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

Name of Employer Self Occupation  
 Self Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2007

**Transaction ID: SA11A1.4951**

Amount of Each Receipt this Period  
 400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
 John Willis, Jr.

Mailing Address 1113 Bilbury Court

City State Zip Code  
 Raleigh NC 27614

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

Name of Employer Self Occupation  
 Self Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2007

**Transaction ID: SA11A1.5030**

Amount of Each Receipt this Period  
 400.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 26
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC**

**A.** Full Name (Last, First, Middle Initial)  
 Todd Yates

Mailing Address 5105 Clairemont Drive

City State Zip Code  
 Brown Summit NC 27214

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

Name of Employer Self Occupation  
 Self Insurance Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 8 / 2 0 0 7

**Transaction ID: SA11A1.4865**

Amount of Each Receipt this Period  
 400.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Michael Ziglar

Mailing Address 1008 Lissa Anne Lane

City State Zip Code  
 Winston-Salem NC 27104

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

Name of Employer Self Occupation  
 Self Insurance Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 7

**Transaction ID: SA11A1.4725**

Amount of Each Receipt this Period  
 400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Benny Zimmerman

Mailing Address 8029 Riverview Drive

City State Zip Code  
 Clemmons NC 27012

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

Name of Employer Self Occupation  
 Self Insurance Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 2 / 2 0 0 7

**Transaction ID: SA11A1.4780**

Amount of Each Receipt this Period  
 300.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	19975.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC**

**A.** Full Name (Last, First, Middle Initial)  
 HEATH SHULER

Mailing Address PO Box 8446

City State Zip Code  
 Asheville NC 28814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2007

Transaction ID: SA16.4607

Amount of Each Receipt this Period  
 3000.00

Refund of prior year contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3000.00

**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 23 / 26

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN**

Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.5100

Date of Disbursement

03 / 07 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Bob Etheridge**

Mailing Address PO Box 28001

City Raleigh State NC Zip Code 27611-8001

Purpose of Disbursement  
Contribution

Candidate Name  
Bob Etheridge

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 2

Transaction ID: SB23.4597

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Robert Hayes**

Mailing Address PO Box 2000

City Concord State NC Zip Code 28026

Purpose of Disbursement  
Contribution

Candidate Name  
Robert Hayes

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 8

Transaction ID: SB23.4604

Date of Disbursement

06 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

7000.00

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

# 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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

Full Name (Last, First, Middle Initial)

**A.** Mike McIntrye

Mailing Address 301 Green Street  
Room 218

City Fayetteville State NC Zip Code 28301

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Mike McIntrye

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 7

Transaction ID: SB23.4603

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** SUE MYRICK

Mailing Address P. O. Box 37091

City CHARLOTTE State NC Zip Code 28237

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
SUE MYRICK

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 09

Transaction ID: SB23.4600

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** NEXT CENTURY FUND

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.5101

Date of Disbursement

05 / 19 / 2007

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5000.00

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



**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)

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<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

Full Name (Last, First, Middle Initial)

**A. PAT ROBERTS FOR SENATE**

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
PAT ROBERTS FOR SENATE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Transaction ID: SB23.4593

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR PETE DOMENICI**

Mailing Address POST OFFICE BOX 93656

City ALBUQUERQUE State NM Zip Code 87199

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
PEOPLE FOR PETE DOMENICI

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NM District: 00

Transaction ID: SB23.4598

Date of Disbursement

04 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. HEATH SHULER**

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 11

Transaction ID: SB23.5103

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6000.00

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

18000.00

**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 26 / 26

<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 type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC

Full Name (Last, First, Middle Initial)

**A.** BB&T

Mailing Address PO Box 27961

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
1120POL Tax

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4606

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

675.00

Full Name (Last, First, Middle Initial)

**B.** BB&T

Mailing Address PO Box 27961

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
Bank Service Charges

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5038

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

5.00

**SUBTOTAL** of Disbursements This Page (optional) .....

680.00

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

680.00