REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

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

156 Nine Lake Court

CITY, STATE and ZIP CODE

RALEIGH NC 27615

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION

APR 19 12 12 PM '94

2. FEC IDENTIFICATION NUMBER
C00235164

3. [X] This committee has qualified as a multicandidate committee (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [X] 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 [X] NO

SUMMARY 5. Covering Period 1/1/94 through 3/31/94	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 94		$ 55491.44
(b) Cash on Hand at Beginning of Reporting Period	$ 55491.44	
(c) Total Receipts (from line 37)	$ 10134.74	$ 10134.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 65626.18	$ 65626.18
7. Total Disbursements (from Line 30)	$ 7887.43	$ 7887.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 57738.75	$ 57738.75
9. Debts and Obligations Owed TO the Committee (itemize on Schedule C and/or Schedule D)	$ -0-.	
10. Debts and Obligations Owed BY the Committee (itemize 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 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
JACKIE G. WHITLEY

Signature of Treasurer
Jackie G. Whitley

Date
4/14/94

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 9/93)

9 4 0 3 8 9 4 2 4 3 8

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

(revised 1/1/90)

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

REPORT COVER NO. PERIOD: FROM 1/1/94 TO 3/31/94

	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)	9905.00	9905.00
ii. Unitemized	-0-.	-0-.
iii. Total (add i and ii)	9905.00	9905.00
b. Political Party Committees	-0-.	-0-.
c. Other Political Committees (such as PACs)	-0-.	-0-.
d. Total Contributions (add a, b and c)	9905.00	9905.00
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-.	-0-.
17. Other Federal Receipts (Dividends, Interest, etc.)	229.74	229.74
18. Transfers from Nonfederal Account for Joint Activity	-0-.	-0-.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	10134.74	10134.74
20. Total Federal Receipts (subtract line 18 from line 19)	10134.74	10134.74
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	2167.43	2167.43
c. Total Operating Expenditures (Add a, i, ii, and b)	2167.43	2167.43
22. Transfers to Affiliated/Other Party Committees	-0-.	-0-.
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	5000.00
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	20.00	20.00
b. Political Party Committees	-0-.	-0-.
c. Other Political Committees (such as PACs)	-0-.	-0-.
d. Total Contribution Refunds (Add a, b and c)	20.00	20.00
29. Other Disbursements	500.00	500.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	7687.43	7687.43
31. Total Federal Disbursements (subtract line 21a ii from line 30)	7687.43	7687.43
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	9905.00	9905.00
33. Total Contribution Refunds (from line 28d)	20.00	20.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	9885.00	9885.00
35. Total Federal Operating Expenditures (add 21a i and 21b)	2167.43	2167.43
36. Offsets to Operating Expenditures (from line 15)	-0-.	-0-.
37. Net Operating Expenditures (subtract line 36 from 35)	2167.43	2167.43

9 4 0 3 8 9 4 2 4 5 9

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 1 OF 3

FOR LINE NUMBER 11a1

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

FEC ID No. C00235184

Name	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code CAROL BELL 214 FOREST HILLS RD WILSON NC 27893 Receipt for: [ ] Primary [ ] General [X] Other (specify)	Name of Employer: DAVID BARNES, CPA Occupation: ACCOUNTANT Aggregate Year-To-Date >-$	2/8/94	130.00 130.00 (AUCT. PURC.)
B. Full Name, Mailing Address and ZIP Code HARVIN BRIDGES PO BOX 1247 LIBERTY NC 27298 Receipt for: [ ] Primary [ ] General [ ] Other (specify) N/A	Name of Employer: SELF-EMPLOYED CAROLINA SWINE FARM Occupation: HOG FARMER Aggregate Year-To-Date >-$	2/8/94	175.00 175.00 (AUCT. PURC.)
C. Full Name, Mailing Address and ZIP Code ROGER BONE PO BOX 28586 RALEIGH NC 27611 Receipt for: [ ] Primary [ ] General [ ] Other (specify) N/A	Name of Employer: SELF-EMPLOYED Occupation: LOBBYIST Aggregate Year-To-Date >-$	2/8/94	140.00 140.00 (AUCT. PURC.)
D. Full Name, Mailing Address and ZIP Code MYRTLE PAUL CARONAN PO BOX 129 PANTEGO NC 27880 Receipt for: [ ] Primary [ ] General [ ] Other (specify) N/A	Name of Employer: SELF-EMPLOYED Occupation: HOG FARMER Aggregate Year-To-Date >-$	2/8/94	595.00 -0-. 395.00 (AUCT. PURC.)
E. Full Name, Mailing Address and ZIP Code H. R. CORNELIUS R-2 BOX 398 EAST BENT NC 27016 Receipt for: [ ] Primary [ ] General [ ] Other (specify) N/A	Name of Employer: SELF-EMPLOYED Occupation: HOG FARMER Aggregate Year-To-Date >-$	2/8/94	220.00 220.00 (AUCT. PURC.)
F. Full Name, Mailing Address and ZIP Code DR. TERRY COFFEY MURPHY FARMS, INC. PO BOX 759 ROSE HILL NC 28515 Receipt for: [ ] Primary [ ] General [ ] Other (specify) N/A	Name of Employer: MURPHY FARMS, INC. Occupation: HOG FARM PROD. MGR. Aggregate Year-To-Date >-$	3/25/94	210.00 210.00 (AUCT. PURC.)
G. Full Name, Mailing Address and ZIP Code CLIFF L FUHRENBRINK 40362 N. RUSH COURT WARSWORTH IL 60083 Receipt for: [ ] Primary [ ] General [ ] Other (specify) N/A	Name of Employer: N/A Occupation: HOMEMAKER Aggregate Year-To-Date >-$	2/8/94	150.00 150.00 (AUCT. PURC.)

SUBTOTAL of Receipts This Page (optional) 1420.00

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

9 4 0 3 8 9 4 2 4 6 0

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 2 OF 3

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	Address	Receipt for	Other (specify)	Name of Employer	Occupation	Date (month, day, year)	Amount of Each Receipt this Period	Aggregate Year-To-Date
A. Full Name, Mailing Address and ZIP Code	CHARLOTTE DUMPHREY R 2 BOX 2350 BURGAW NC 28525	Primary	N/A	SELF-EMPLOYED	HOG FARMER	2/8/94	1150.00	1150.00 (AUCT. PURC.)
B. Full Name, Mailing Address and ZIP Code	HENRY L HARVEY JR R 1 BOX 82 PANTEGO NC 27860	Primary	N/A	SELF-EMPLOYED	HOG FARMER	2/8/94	435.00	435.00 (AUCT. PURC.)
C. Full Name, Mailing Address and ZIP Code	MARY S MATTHEWS 2859 SHEEP FARM RD MOUNT AIRY NC 27030	Primary	N/A	SELF-EMPLOYED ALSO PART-TIME CLERK IN WAL MART	HOG FARMER PRIMARILY	1/31/94	625.00	625.00 (AUCT. PURC.)
D. Full Name, Mailing Address and ZIP Code	THOMAS H [illegible] JR 1452 ALABAMA CHURCH RD GREENSBORO NC 27406	Primary	N/A	SELF-EMPLOYED	MEAT PROCESSOR	3/25/94	1000.00	1000.00 (AUCT. PURC.)
E. Full Name, Mailing Address and ZIP Code	GEORGE H. FARMAN JR R 1 BOX 305 FARMVILLE NC 27828	Primary	N/A	SELF-EMPLOYED	FARM SUPPLIES & FEED	2/1/94	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	KIM H PATTERSON 1021 JOHN WINDROW RD EAGLEVILLE TN 27060	Primary	N/A	LIGHT, INC.	BOOKKEEPER	2/8/94	100.00	100.00 (AUCT. PURC.)
G. Full Name, Mailing Address and ZIP Code	KATHY KING R 1 BOX 285 TRACKEY NC 28548	Primary	N/A	SELF-EMPLOYED	HOG FARMER	2/1/94	3800.00	3800.00 (AUCT. PURC.)

SUBTOTAL of Receipts This Page (optional) 7360.00

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

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SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 3 OF 3

FOR LINE NUMBER 11a1

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

FEC ID No. C00235184

Name	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code DELL MURPHY DM FARMS PO BOX 1078 ROSE HILL NC 28458 Receipt for: ☐ Primary ☐ General ☐ Other (specify) N/A	Name of Employer: SELF-EMPLOYED Occupation: HOG FARMER Aggregate Year-To-Date >> $	2/8/94	485.00 485.00 (AUCT. PURC.)
B. Full Name, Mailing Address and ZIP Code RANDALL STOCKER PENDER FARMS 809 FOX LAKE DR CLINTON NC 28328 Receipt for: ☐ Primary ☐ General ☐ Other (specify) N/A	Name of Employer: MURPHY FARMS, INC Occupation: EXEC. VICE PRESIDENT Aggregate Year-To-Date >> $	2/1/94	390.00 390.00 (AUCT. PURC.)
C. Full Name, Mailing Address and ZIP Code JAMES E STOCKER MURPHY FARMS INC PO BOX 758 ROSE HILL NC 28458 Receipt for: ☐ Primary ☐ General ☐ Other (specify) N/A	Name of Employer: MURPHY FARMS, INC Occupation: PRESIDENT/CEO Aggregate Year-To-Date >> $	2/1/94	250.00 250.00 (AUCT. PURC.)
D. Full Name, Mailing Address and ZIP Code PAT ADAMS R 1 BOX 311 SNOW HILL NC Receipt for: ☐ Primary ☐ General ☐ Other (specify) N/A	Name of Employer: SELF-EMPLOYED ORIG. CHECK NOT DEPOS FWD TO NPPC PK PAK Occupation: HOMEMAKER/HOG FARMER Aggregate Year-To-Date >> $	REC'D 3/2 FWD 3/3/94	825.00 (825.00 NEED)
E. Full Name, Mailing Address and ZIP Code H. G. HAXNELL III PO BRAMER 10009 GOLDSBORO NC 27532 Receipt for: ☐ Primary ☐ General ☐ Other (specify) N/A	Name of Employer: SELF-EMPLOYED ORIG. CHECK NOT DEPOS FWD TO NPPC PK PAK Occupation: HGR-HOG/POULTRY FRMS Aggregate Year-To-Date >> $	REC'D 3/3 FWD 3/4/94	500.00 (500.00 NEED)
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)	1125.00
TOTAL This Period (last page this line number only)	9905.00

9 4 0 3 8 9 4 2 4 6 2

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. C00285184

A. Full Name, Mailing Address and ZIP Code BRANCH BANKING & TRUST CO 434 FAYETTEVILLE ST RALEIGH NC 27601	Name of Employer (INTEREST RECEIVED IN CHECKING ACCOUNT)	Date (month, day, year) 3/31/94	Amount of Each Receipt this Period 229.74
Receipt for: ☐ Primary ☐ General ☐ Other (specify) N/A	Occupation N/A		
	Aggregate Year-To-Date >= $	229.74	
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)	229.74
TOTAL This Period (last page this line number only)	229.74

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code NC PORK PRODUCERS ASSN INC 158 NINE LAKE COURT RALEIGH NC 27615	APPLY 1/3 RULE TO AUCT Disbursement for: ☐ Primary ☐ General ☐ Other (specify) N/A	3/31/94	2167.43
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)	2167.43
TOTAL This Period (last page this line number only)	2167.43

94038942464

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code NPPC PORK PAK NATIONAL PORK PROD. COUNCIL PO BOX 10383 DES MOINES IA 50308	CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	3/2/94	5000.00
B. Full Name, Mailing Address and ZIP Code PATRICIA ADAMS R 1 BOX 311 SNOW HILL NC 28580	ORIG. CK. TO NPPC PK PAK Disbursement for: [ ] Primary [X] General [ ] Other (specify)	3/2/94 FWD 3/3/94	(825.00 MEMO)
C. Full Name, Mailing Address and ZIP Code H. G. MAXWELL III PO BRANCH 10009 GOLDSBORO NC 27532	ORIG. CK. TO NPPC PK PAK Disbursement for: [ ] Primary [X] General [ ] Other (specify)	3/3/94 FWD 3/4/94	(500.00 MEMO)
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)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 28a

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

	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code H. H. CORNELIUS R 2 BOX 398 EAST BEND NC 27018	Purpose of Disbursement: REF. OF ADV. NOT PAC'S Disbursement for: ☐ Primary ☐ General ☒ Other (specify) N/A	5/2/94	20.00
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)	20.00
TOTAL This Period (last page this line number only)	20.00

3 4 0 3 8 9 4 2 4 5 6

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT H. TOLSON B 1 BOX 222 (HOBBIS TOLSON) PINETOPS NC 27864 NC HOUSE OF REPRESENTATIVES	NON-FEDERAL CONTRIB. Disbursement for: [X] Primary [ ] General [ ] Other (specify) 5/94	3/2/94	500.00
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)	500.00
TOTAL This Period (last page this line number only)	500.00

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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
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☐	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

J. A. D.
PREPARER

4/15/94
DATE PREPARED

FEC FORM 70-2 (12/92)

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