

# 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 FARM PAC

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

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2005 through 06 30 2005

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 03 08 2006

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	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">13864.01</td></tr></table>	13864.01
Y	Y	Y	Y									
2	0	0	5									
13864.01												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">13864.01</td></tr></table>	13864.01										
13864.01												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">34854.04</td></tr></table>	34854.04	<table border="1" style="width: 100%;"><tr><td align="center">34854.04</td></tr></table>	34854.04								
34854.04												
34854.04												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">48718.05</td></tr></table>	48718.05	<table border="1" style="width: 100%;"><tr><td align="center">48718.05</td></tr></table>	48718.05								
48718.05												
48718.05												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">25583.55</td></tr></table>	25583.55	<table border="1" style="width: 100%;"><tr><td align="center">25583.55</td></tr></table>	25583.55								
25583.55												
25583.55												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">23134.50</td></tr></table>	23134.50	<table border="1" style="width: 100%;"><tr><td align="center">23134.50</td></tr></table>	23134.50								
23134.50												
23134.50												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
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	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	13492.00	13492.00
(i) Itemized (use Schedule A) .....	21352.00	21352.00
(ii) Unitemized .....	34844.00	34844.00
(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) .....	34844.00	34844.00
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 .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	10.04	10.04
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)) .....	34854.04	34854.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	34854.04	34854.04

**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.....	25500.00	25500.00
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.....	83.55	83.55
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))..	25583.55	25583.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25583.55	25583.55

**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) .....	34844.00	34844.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34844.00	34844.00
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 / 24
	<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 FARM PAC**

**A.** Full Name (Last, First, Middle Initial)  
 Kathy Brewer

Mailing Address 5815 Phillipi Church Rd

City Raeford State NC Zip Code 28376

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 4 / 2 0 0 5

**Transaction ID:** SA11A1.4404

Amount of Each Receipt this Period  
 400.00

Contribution

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

Mailing Address PO Box 6935

City Asheville State NC Zip Code 28816

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 3 / 3 1 / 2 0 0 5

**Transaction ID:** SA11A1.4374

Amount of Each Receipt this Period  
 400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Lenard Cox

Mailing Address PO Box 6935

City Asheville State NC Zip Code 28816

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 3 / 3 1 / 2 0 0 5

**Transaction ID:** SA11A1.4377

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 / 24
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Beth Crawford		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2005
Mailing Address 248 Snow Hill Lane		<b>Transaction ID:</b> SA11A1.4354
City Elk Park State NC Zip Code 28622	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) Bryan Crook		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address 300 Livingston Dr		<b>Transaction ID:</b> SA11A1.4375
City Cary State NC Zip Code 27513	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer NCFB Mutual Insurance Company Occupation Claims Manager	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) Peter Daniel		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2005
Mailing Address 15 Furches St		<b>Transaction ID:</b> SA11A1.4424
City Raleigh State NC Zip Code 27607	Amount of Each Receipt this Period 1350.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer NC Farm Bureau Federation Occupation Administrator	Aggregate Year-to-Date ▼ 1350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>2150.00</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 8 / 24
	<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)  
 Christopher Desentz, Jr.  
 Mailing Address 261 Little Cohaire Ln  
 City State Zip Code  
 Roseboro NC 28382  
 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  
 03 / 23 / 2005  
**Transaction ID: SA11A1.4364**  
 Amount of Each Receipt this Period  
 400.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Jason Falls  
 Mailing Address PO Box 129  
 City State Zip Code  
 Kings Mountain NC 28086  
 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  
 04 / 14 / 2005  
**Transaction ID: SA11A1.4406**  
 Amount of Each Receipt this Period  
 400.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Thomas Fuller, Jr.  
 Mailing Address 3940 High Rock Road  
 City State Zip Code  
 Gibsonville NC 27249  
 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  
 03 / 31 / 2005  
**Transaction ID: SA11A1.4391**  
 Amount of Each Receipt this Period  
 800.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</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 9 / 24
	<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) Terry Gilmore		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address Po Box 2008		<b>Transaction ID:</b> SA11A1.4401
City Asheville	State NC	Zip Code 27204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
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) Hugh House		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 663 Par Drive		<b>Transaction ID:</b> SA11A1.4353
City Jacksonville	State NC	Zip Code 28540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John Kilby		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 164 Neighborly Drive		<b>Transaction ID:</b> SA11A1.4420
City Lake Lure	State NC	Zip Code 28746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
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) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 24
	<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)  
 Bill King

Mailing Address 201 Foxcroft Lane

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 ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 9 / 2 0 0 5

**Transaction ID:** SA11A1.4413

Amount of Each Receipt this Period  
 400.00

Contribution

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

Mailing Address 5739 Willow Road

City State Zip Code  
 Hendersonville NC 28739

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

Name of Employer NC Farm Bureau Service Co-mpany Occupation Apple Sales Desk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 442.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 5

**Transaction ID:** SA11A1.4396

Amount of Each Receipt this Period  
 442.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Marcu Matics

Mailing Address PO Box 486

City State Zip Code  
 N Wilkesboro NC 28659

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  
 0 3 / 3 1 / 2 0 0 5

**Transaction ID:** SA11A1.4386

Amount of Each Receipt this Period  
 300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1142.00**

**TOTAL** 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 / 24
	<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) Robert McCracken		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2005
Mailing Address PO Box 1945		<b>Transaction ID:</b> SA11A1.4361
City State Zip Code Reidsville NC 27320	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) Dwayne Nykamp, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address PO Box 1500		<b>Transaction ID:</b> SA11A1.4384
City State Zip Code Henderson NC 27536	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) John Pennington		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address PO Box 906		<b>Transaction ID:</b> SA11A1.4379
City State Zip Code Graham NC 27253	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>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 / 24
	<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) Ricky Poindexter Mailing Address 3013 Raven Hill Drive City State Zip Code East River NC 27018 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 3 / 2 0 0 5 <b>Transaction ID: SA11A1.4417</b> Amount of Each Receipt this Period 300.00 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 ▼ 300.00		

<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 4 / 1 4 / 2 0 0 5 <b>Transaction ID: SA11A1.4403</b> Amount of Each Receipt this Period 300.00 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 ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Sidney Sauls Mailing Address 10579 NC 50 North City State Zip Code Angier NC 27501 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 5 <b>Transaction ID: SA11A1.4385</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>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 13 / 24
	<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 FARMPAC**

<b>A.</b> Full Name (Last, First, Middle Initial) Victor Smith, Jr. Mailing Address 185 Post Oak Ln City Sanford State NC Zip Code 27330 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005 <b>Transaction ID: SA11A1.4388</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) J C Stephenson, Jr. Mailing Address 261 Cornwallis Drive City Mocksville State NC Zip Code 27028 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2005 <b>Transaction ID: SA11A1.4360</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>C.</b> Full Name (Last, First, Middle Initial) Rebecca Teeter Mailing Address 555 London Rd City Mooresville State NC Zip Code 28115 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2005 <b>Transaction ID: SA11A1.4358</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) .....	▶	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 14 / 24
	<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) Brian Toone		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 5
Mailing Address 4516 Roxboro Rd		<b>Transaction ID:</b> SA11A1.4409
City State Zip Code Durham NC 27704	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>B.</b> Full Name (Last, First, Middle Initial) Gerald Walters		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address 2723 Birch Ln		<b>Transaction ID:</b> SA11A1.4370
City State Zip Code Burlington NC 27215	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) Junius Warren		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address 308 Maple Street		<b>Transaction ID:</b> SA11A1.4369
City State Zip Code Murfreesboro NC 27855	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) ..... ▶	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 15 / 24
	<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)  
 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  
 03 / 31 / 2005

**Transaction ID:** SA11A1.4390

Amount of Each Receipt this Period  
 400.00

Contribution

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

Mailing Address PO Box 1259

City State Zip Code  
 Beulaville NC 28518

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  
 03 / 17 / 2005

**Transaction ID:** SA11A1.4356

Amount of Each Receipt this Period  
 400.00

Contributor

**C.** Full Name (Last, First, Middle Initial)  
 Edgar Wooten

Mailing Address 5709 Old Rural Hall Road

City State Zip Code  
 Winston-Salem NC 27105

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  
 04 / 05 / 2005

**Transaction ID:** SA11A1.4435

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:		PAGE 16 / 24	
	(check only one)			
<input checked="" 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 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)  
 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  
 0 4 / 1 4 / 2 0 0 5

**Transaction ID: SA11A1.4408**

Amount of Each Receipt this Period  
 400.00

Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13492.00</b>



**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 17 / 24

<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 FARM PAC

Full Name (Last, First, Middle Initial)

**A.** Richard Burr

Mailing Address PO Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
Debt Retirement

011  
Category/  
Type

Candidate Name  
Richard Burr

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4321

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

2500.00

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

011  
Category/  
Type

Candidate Name  
Bob Etheridge

Office Sought:  House  
 Senate  
 President  
State: NC District: 2

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4327

Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** VIRGINIA ANN FOXX

Mailing Address 11468 HWY 105

City BANNER ELK State NC Zip Code 28604

Purpose of Disbursement  
Debt Retirement

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NC District: 05

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4313

Date of Disbursement

01 / 06 / 2005

Amount of Each Disbursement this Period

500.00

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

4000.00

**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)

PAGE 18 / 24

<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 FARMFAC

Full Name (Last, First, Middle Initial)

**A. VIRGINIA ANN FOXX**

Mailing Address 11468 HWY 105

City BANNER ELK State NC Zip Code 28604

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name VIRGINIA ANN FOXX

Office Sought:  House  
 Senate  
 President

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

State: NC District: 05

Transaction ID: SB23.4320

Date of Disbursement

03 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. VIRGINIA ANN FOXX**

Mailing Address 11468 HWY 105

City BANNER ELK State NC Zip Code 28604

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name VIRGINIA ANN FOXX

Office Sought:  House  
 Senate  
 President

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

State: NC District: 05

Transaction ID: SB23.4334

Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

500.00

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

011  
Category/  
Type

Candidate Name Robert Hayes

Office Sought:  House  
 Senate  
 President

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

State: NC District: 8

Transaction ID: SB23.4326

Date of Disbursement

03 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

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

2500.00

**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)

PAGE 19 / 24

<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. WALTER B JONES**

Mailing Address 302 HILLCREST DR

City FARMVILLE State NC Zip Code 27828

Purpose of Disbursement CONTRIBUTION

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

State: NC District: 03

Transaction ID: SB23.4319

Date of Disbursement

02 / 16 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mike McIntrye**

Mailing Address 301 Green Street  
Room 218

City Fayetteville State NC Zip Code 28301

Purpose of Disbursement CONTRIBUTION

Candidate Name Mike McIntrye

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

State: NC District: 7

Transaction ID: SB23.4332

Date of Disbursement

05 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CONTRIBUTION

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.4322

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

2500.00

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

4000.00

**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)

PAGE 20 / 24

<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 FARM PAC

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CONTRIBUTION

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2005  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB23.4333

Date of Disbursement

06 / 10 / 2005

Amount of Each Disbursement this Period

2500.00

**B. PCIPAC**

Full Name (Last, First, Middle Initial)

Mailing Address 2600 South River Road

City Des Plaines State IL Zip Code 60018-3286

Purpose of Disbursement CONTRIBUTION

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2005  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB23.4329

Date of Disbursement

05 / 06 / 2005

Amount of Each Disbursement this Period

5000.00

**C. CHARLES H TAYLOR**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2355

City Asheville State NC Zip Code 28802

Purpose of Disbursement Debt Retirement

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  Primary  General  Other (specify) ▼  
State: NC District: 11

Transaction ID: SB23.4324

Date of Disbursement

03 / 16 / 2005

Amount of Each Disbursement this Period

2000.00

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

9500.00

**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.** CHARLES H TAYLOR

Mailing Address PO Box 2355

City Asheville State NC Zip Code 28802

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name CHARLES H TAYLOR

Office Sought:  House  Senate  President  
 Disbursement For: 2005  Primary  General  Other (specify) ▼  
 State: NC District: 11

Transaction ID: SB23.4328

Date of Disbursement

04 / 12 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** The Leadership Circle

Mailing Address 414 Fayetteville Street Mall

City Raleigh State NC Zip Code 27601

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2005  Primary  General  Other (specify) ▼  
 State: District:

Transaction ID: SB23.4317

Date of Disbursement

02 / 08 / 2005

Amount of Each Disbursement this Period

5000.00

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

5500.00

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

25500.00

**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)

<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  
BANK SERVICE CHARGES

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4346

Date of Disbursement

01 / 31 / 2005

Amount of Each Disbursement this Period

6.29

**B.** BB&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27961

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
BANK SERVICE CHARGE

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4350

Date of Disbursement

02 / 28 / 2005

Amount of Each Disbursement this Period

6.00

**C.** BB&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27961

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4431

Date of Disbursement

03 / 31 / 2005

Amount of Each Disbursement this Period

10.00

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

22.29

**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)

PAGE 23 / 24

<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

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

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address PO Box 27961

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
Bank Service Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4432

Date of Disbursement

04 / 30 / 2005

Amount of Each Disbursement this Period

16.35

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address PO Box 27961

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
1120 POL FEDERAL INCOME TAXES

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4331

Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address PO Box 27961

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
Bank Service Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4433

Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

10.00

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

45.35

**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)

PAGE 24 / 24

<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  
Bank Service Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.4426

Date of Disbursement

06 / 30 / 2005

Amount of Each Disbursement this Period

15.91

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

15.91

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

83.55