

# 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

ADDRESS (number and street) 2300 REXWOODS DRIVE SUITE 340  
Check if different than previously reported. (ACC) RALEIGH NC 27607

2. FEC IDENTIFICATION NUMBER C00235184  
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 (12S)  
Election on 11 02 2010 in the State of NC  
(d) 30-Day Post -Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

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 AMY M. CAVE

Signature of Treasurer Electronically Filed by AMY M. CAVE Date 10 20 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		91186.67
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	51898.67									
(c) Total Receipts (from Line 19) .....	2120.00	42780.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	54018.67	133966.71								
7. Total Disbursements (from Line 31) .....	45518.00	125466.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8500.67	8500.67								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2120.00	19390.00
(ii) Unitemized .....	0.00	22880.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2120.00	42270.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2120.00	42770.00
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.) .....	0.00	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)) .....	2120.00	42780.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2120.00	42780.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	18.00	1216.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	18.00	1216.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
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.....	45500.00	122750.00
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))..	45518.00	125466.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45518.00	125466.04

**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) .....	2120.00	42770.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2120.00	42770.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18.00	1216.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18.00	1216.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<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	

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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) BRYAN ALLEN	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 500 FOREST LANE EXT	<b>Transaction ID:</b> SA11AI.12181
	City WALLACE State NC Zip Code 28466	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	GOLF - 11/5/10
	Name of Employer APC COMPANY Occupation SALES MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) BRYAN ALLEN	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 500 FOREST LANE EXT	<b>Transaction ID:</b> SA11AI.12182
	City WALLACE State NC Zip Code 28466	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PURCH. MULLIGANS/RED TEES - 11/5/10
	Name of Employer APC COMPANY Occupation SALES MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1140.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) STUART HELLER	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 655 ROSEDOWN WAY	<b>Transaction ID:</b> SA11AI.12185
	City LAWRENCEVILLE State GA Zip Code 30043	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	GOLF - 11/5/10
	Name of Employer PRESERVE INTERNATIONAL Occupation SALESPERSON Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1040.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) GARLAND PARKER		Date of Receipt
	Mailing Address 735 CARLTON ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CLAYTON	NC	27520
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.12179
Name of Employer CHR. HANSEN INC.		Occupation SWINE ACCOUNT MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			GOLF - 11/5/10

<b>B.</b>	Full Name (Last, First, Middle Initial) GARLAND PARKER		Date of Receipt
	Mailing Address 735 CARLTON ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CLAYTON	NC	27520
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.12180
Name of Employer CHR. HANSEN INC.		Occupation SWINE ACCOUNT MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
			PURCH. MULLIGANS/RED TEES - 11/5/10

<b>C.</b>	Full Name (Last, First, Middle Initial) DARYL THEIS		Date of Receipt
	Mailing Address 1221 UNIVERSITY COURT, #001		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	RALEIGH	NC	27606
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.12183
Name of Employer ELANCO ANIMAL HEALTH		Occupation SALES REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			GOLF - 11/5/10

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1040.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 28	
	(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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) DARYL THEIS		Date of Receipt	
	Mailing Address 1221 UNIVERSITY COURT, #001		M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.12184
	RALEIGH	NC	27606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	40.00
	Name of Employer ELANCO ANIMAL HEALTH		Occupation SALES REPRESENTATIVE	PURCH. MULLIGANS/RED TEES - 11/5/10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	640.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	40.00
<b>TOTAL</b> This Period (last page this line number only) .....	2120.00

**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 9 / 28

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

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

BRANCH BANK & TRUST

Transaction ID: SB21B.12199

Date of Disbursement

Mailing Address MAIN, 200 EAST CHATHAM STREET

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		0	4		2	0	1	0

City State Zip Code  
CARY NC 27511-0670

Amount of Each Disbursement this Period

18.00
-------

Purpose of Disbursement  
CREDIT CARD FEES

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

18.00

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

18.00

**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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT ALMA ADAMS	Transaction ID: SB29.12144 Date of Disbursement 10 / 12 / 2010
	Mailing Address 2109 LIBERTY VALLEY ROAD	Amount of Each Disbursement this Period 500.00
	City Greensboro State NC Zip Code 27406	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name ALMA ADAMS	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 58	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT BEVERLY EARLE	Transaction ID: SB29.12150 Date of Disbursement 10 / 12 / 2010
	Mailing Address 312 S CLARKSON ST	Amount of Each Disbursement this Period 500.00
	City Charlotte State NC Zip Code 28202	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name BEVERLY EARLE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT BILL OWENS, JR	Transaction ID: SB29.12167 Date of Disbursement 10 / 12 / 2010
	Mailing Address 113 HUNTERS TRAIL EAST	Amount of Each Disbursement this Period 1000.00
	City Elizabeth City State NC Zip Code 27909	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name BILL OWENS, JR.	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

2000.00

**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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.	Full Name (Last, First, Middle Initial) COM.TO ELECT BILL PURCELL	Transaction ID: SB29.12139 Date of Disbursement
	Mailing Address 1301 DUNBAR DRIVE	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAURINBURG State NC Zip Code 28352	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name BILL PURCELL	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COM.TO ELECT CHARLIE DANNELLY	Transaction ID: SB29.12131 Date of Disbursement
	Mailing Address 3167 DAWNSHIRE AVENUE	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City CHARLOTTE State NC Zip Code 28216	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name CHARLIE DANNELLY	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 38	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COM.TO ELECT CULLIE TARLETON	Transaction ID: SB29.12171 Date of Disbursement
	Mailing Address P.O. BOX 1269	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City BLOWING ROCK State NC Zip Code 28605	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name CULLIE TARLETON	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 93	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DALE FOLWELL <hr/> Mailing Address 299 S. WESTVIEW DRIVE <hr/> City WINSTON SALEM State NC Zip Code 27104 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name DALE FOLWELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 74 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12152 Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DAN BLUE <hr/> Mailing Address 4917 LONG POINT CT. <hr/> City RALEIGH State NC Zip Code 27604 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name DAN BLUE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 14 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12128 Date of Disbursement 10 / 11 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DANNY MCCOMAS <hr/> Mailing Address P.O. BOX 2274 <hr/> City WILMINGTON State NC Zip Code 28402 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name DANNY MCCOMAS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12162 Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

<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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>COM.TO ELECT DARRELL MCCORMICK</b>	<b>Transaction ID:</b> SB29.12190 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	2		2	0	1	0														
	Mailing Address 1325 IVY AVE., BUILDING 2		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">500.00</td> </tr> </table>	Amount of Each Disbursement this Period										500.00									
Amount of Each Disbursement this Period																							
500.00																							
	City WINSTON-SALEM State NC Zip Code 27105 Purpose of Disbursement CONTRIBUTION Candidate Name DARRELL MCCORMICK	<table border="1"> <tr> <td style="width: 20px;">011</td> </tr> </table> Category/Type	011																				
011																							
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 92	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>COM.TO ELECT DAVID LEWIS</b>	<b>Transaction ID:</b> SB29.12160 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	2		2	0	1	0														
	Mailing Address 116 KINGSWAY DRIVE		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">500.00</td> </tr> </table>	Amount of Each Disbursement this Period										500.00									
Amount of Each Disbursement this Period																							
500.00																							
	City DUNN State NC Zip Code 28335 Purpose of Disbursement CONTRIBUTION Candidate Name DAVID LEWIS	<table border="1"> <tr> <td style="width: 20px;">011</td> </tr> </table> Category/Type	011																				
011																							
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 53	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>COM.TO ELECT DAVID ROUZER</b>	<b>Transaction ID:</b> SB29.12140 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	1	0														
	Mailing Address 108 PEACH ORCHARD DRIVE		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">1000.00</td> </tr> </table>	Amount of Each Disbursement this Period										1000.00									
Amount of Each Disbursement this Period																							
1000.00																							
	City BENSON State NC Zip Code 27504 Purpose of Disbursement CONTRIBUTION Candidate Name DAVID ROUZER	<table border="1"> <tr> <td style="width: 20px;">011</td> </tr> </table> Category/Type	011																				
011																							
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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

**2000.00**

**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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT EDGAR STARNES</p> <p>Mailing Address 6715 LAKEVIEW TERRACE</p> <p>City HICKORY State NC Zip Code 28601</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name EDGAR STARNES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 87</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12169</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT ED JONES</p> <p>Mailing Address P.O. BOX 786</p> <p>City ENFIELD State NC Zip Code 27823</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ED JONES</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12136</p> <p>Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT FLETCHER HARTSELL</p> <p>Mailing Address 129 OVERBROOK DRIVE</p> <p>City CONCORD State NC Zip Code 28025</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name FLETCHER HARTSELL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 36</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12135</p> <p>Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

1750.00

**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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT FLOYD MCKISSICK, JR.	<b>Transaction ID:</b> SB29.12137
	Mailing Address P.O. BOX 51608	Date of Disbursement 10 / 11 / 2010
	City DURHAM State NC Zip Code 27717	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION Candidate Name FLOYD MCKISSICK, JR. Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT FRED STEEN	<b>Transaction ID:</b> SB29.12170
	Mailing Address P.O. BOX 308	Date of Disbursement 10 / 12 / 2010
	City LANDIS State NC Zip Code 28088	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION Candidate Name FRED STEEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 76 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT HARRY BROWN	<b>Transaction ID:</b> SB29.12129
	Mailing Address 2223 N. MARINE BLVD	Date of Disbursement 10 / 11 / 2010
	City JACKSONVILLE State NC Zip Code 28546	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement CONTRIBUTION Candidate Name HARRY BROWN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

**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)

<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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT HUGH BLACKWELL	Transaction ID: SB29.12147 Date of Disbursement
	Mailing Address 321 MOUNTAIN VIEW AVENUE	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City VALDESE State NC Zip Code 28690	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name HUGH BLACKWELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 86 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/> <input type="text" value="011"/> Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT HUGH HOLLIMAN	Transaction ID: SB29.12157 Date of Disbursement
	Mailing Address 103 SAPONA ROAD	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LEXINGTON State NC Zip Code 27295	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name HUGH HOLLIMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 81 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/> <input type="text" value="011"/> Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT JAMES CRAWFORD	Transaction ID: SB29.12148 Date of Disbursement
	Mailing Address 509 COLLEGE STREET	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City OXFORD State NC Zip Code 27565	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name JAMES CRAWFORD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 32 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/> <input type="text" value="011"/> Category/ Type

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

**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 17 / 28

<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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JANE WHILDEN <hr/> Mailing Address P.O. Box 5593 <hr/> City Asheville State NC Zip Code 28813 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JANE WHILDEN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12174 Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JEAN FARMER-BUTTERFIELD <hr/> Mailing Address 1001 WEST VANCE ST. N. <hr/> City WILSON State NC Zip Code 27893 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JEAN FARMER-BUTTERFIELD <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 24 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12151 Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JERRY TILLMAN <hr/> Mailing Address 1207 DOGWOOD LANE <hr/> City ARCHDALE State NC Zip Code 27263 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JERRY TILLMAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 29 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12143 Date of Disbursement 10 / 11 / 2010
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1250.00

**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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.	Full Name (Last, First, Middle Initial) COM.TO ELECT JIMMY LOVE	Transaction ID: SB29.12161 Date of Disbursement 10 / 12 / 2010
	Mailing Address 2320 HAWKINS AVE. City SANFORD State NC Zip Code 27330 Purpose of Disbursement CONTRIBUTION Candidate Name JIMMY LOVE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 51	Amount of Each Disbursement this Period 500.00 011 Category/Type
B.	Full Name (Last, First, Middle Initial) COM.TO ELECT JOE HACKNEY	Transaction ID: SB29.12155 Date of Disbursement 10 / 12 / 2010
	Mailing Address 104 CAROLINA FOREST ROAD City CHAPEL HILL State NC Zip Code 27516 Purpose of Disbursement CONTRIBUTION Candidate Name JOE HACKNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 54	Amount of Each Disbursement this Period 2000.00 011 Category/Type
C.	Full Name (Last, First, Middle Initial) COM.TO ELECT JOHN SNOW	Transaction ID: SB29.12141 Date of Disbursement 10 / 11 / 2010
	Mailing Address 105 VAN HORN STREET City MURPHY State NC Zip Code 28906 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN SNOW Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 50	Amount of Each Disbursement this Period 500.00 011 Category/Type

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

3000.00

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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.	Full Name (Last, First, Middle Initial) COM.TO ELECT LINDA GARROU	Transaction ID: SB29.12133 Date of Disbursement
	Mailing Address 3910 CAMERILLE FARM ROAD	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WINSTON SALEM State NC Zip Code 27106	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name LINDA GARROU	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 32	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COM.TO ELECT MAGGIE JEFFUS	Transaction ID: SB29.12158 Date of Disbursement
	Mailing Address 1801 ROLLING ROAD	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City GREENSBORO State NC Zip Code 27403	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="250.00"/>
	Candidate Name MAGGIE JEFFUS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 59	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COM.TO ELECT MARC BASNIGHT	Transaction ID: SB29.12125 Date of Disbursement
	Mailing Address 7623 VIRGINIA DARE TRAIL	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City NAGS HEAD State NC Zip Code 27959	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name MARC BASNIGHT	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT MARIAN MCLAWHORN

Mailing Address P.O. BOX 399

City GRIFTON State NC Zip Code 28530

Purpose of Disbursement CONTRIBUTION

Candidate Name MARIAN MCLAWHORN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NC District: 09

Transaction ID: SB29.12164

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT MARILYN AVILA

Mailing Address 11312 DERBY LANE

City RALEIGH State NC Zip Code 27613

Purpose of Disbursement CONTRIBUTION

Candidate Name MARILYN AVILA

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NC District: 40

Transaction ID: SB29.12146

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT MARK HILTON

Mailing Address 1351 NORTHERN DRIVE, NW

City CONOVER State NC Zip Code 28613

Purpose of Disbursement CONTRIBUTION

Candidate Name MARK HILTON

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NC District: 96

Transaction ID: SB29.12156

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

500.00

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

1500.00

**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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT MARTHA ALEXANDER <hr/> Mailing Address 1096 HOLLYHEATH LANE <hr/> City CHARLOTTE State NC Zip Code 28209 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MARTHA ALEXANDER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: SB29.12145 Date of Disbursement 10 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 250.00
	011 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT MARTIN NESBITT <hr/> Mailing Address 180 ROBINHOOD ROAD #3 <hr/> City ASHEVILLE State NC Zip Code 28804 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MARTIN NESBITT Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 49	Transaction ID: SB29.12138 Date of Disbursement 10 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT MARVIN LUCAS <hr/> Mailing Address 3318 HEDGEMOOR CIRCLE <hr/> City SPRING LAKE State NC Zip Code 28390 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MARVIN LUCAS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 42	Transaction ID: SB29.12175 Date of Disbursement 10 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
	011 Category/ Type

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

**3250.00**

**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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>COM.TO ELECT MICHAEL WALTERS</b>	<b>Transaction ID:</b> SB29.12195 Date of Disbursement 10 / 12 / 2010	
	Mailing Address 1887 OAKTON CHURCH ROAD		
	City FAIRMONT State NC Zip Code 28340 Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL WALTERS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 13	Amount of Each Disbursement this Period 500.00 011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>COM.TO ELECT MICKEY MICHAUX</b>	<b>Transaction ID:</b> SB29.12165 Date of Disbursement 10 / 12 / 2010	
	Mailing Address 1722 ALFRED STREET		
	City DURHAM State NC Zip Code 27713 Purpose of Disbursement CONTRIBUTION Candidate Name MICKEY MICHAUX Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 31	Amount of Each Disbursement this Period 500.00 011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>COM.TO ELECT MITCH GILLESPIE</b>	<b>Transaction ID:</b> SB29.12154 Date of Disbursement 10 / 12 / 2010	
	Mailing Address 185 CROSS CREEK N. RIDGE DR.		
	City MARION State NC Zip Code 28752 Purpose of Disbursement CONTRIBUTION Candidate Name MITCH GILLESPIE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 85	Amount of Each Disbursement this Period 500.00 011 Category/ Type	

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

1500.00

**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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT MOTT BLAIR		<b>Transaction ID:</b> SB29.12191	
	Mailing Address P.O. BOX 220		Date of Disbursement 10 / 12 / 2010	
	City WALLACE	State NC	Zip Code 28466	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION		011 Category/ Type	
Candidate Name MOTT BLAIR				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 04				
<b>B.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT NELSON E COLE		<b>Transaction ID:</b> SB29.12149	
	Mailing Address 2012 CARPENTER DRIVE		Date of Disbursement 10 / 12 / 2010	
	City REIDSVILLE	State NC	Zip Code 27320	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION		011 Category/ Type	
Candidate Name NELSON COLE				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 65				
<b>C.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT PAUL STAM		<b>Transaction ID:</b> SB29.12168	
	Mailing Address 714 HUNTER STREET		Date of Disbursement 10 / 12 / 2010	
	City APEX	State NC	Zip Code 27502	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION		011 Category/ Type	
Candidate Name PAUL STAM				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 37				

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

3000.00

**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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.	Full Name (Last, First, Middle Initial) COM.TO ELECT PETE BRUNSTETTER	Transaction ID: SB29.12130 Date of Disbursement 10 / 11 / 2010
	Mailing Address 3054 PANTHER RIDGE LANE	Amount of Each Disbursement this Period 1000.00
	City LEWISVILLE State NC Zip Code 27023	
	Purpose of Disbursement CONTRIBUTION Candidate Name PETE BRUNSTETTER	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 31	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COM.TO ELECT PHIL BERGER	Transaction ID: SB29.12126 Date of Disbursement 10 / 11 / 2010
	Mailing Address 311 PINWOOD PLACE	Amount of Each Disbursement this Period 2000.00
	City EDEN State NC Zip Code 27289	
	Purpose of Disbursement CONTRIBUTION Candidate Name PHIL BERGER	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 26	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COM.TO ELECT PRYOR GIBSON, III	Transaction ID: SB29.12153 Date of Disbursement 10 / 12 / 2010
	Mailing Address P.O. BOX 1010	Amount of Each Disbursement this Period 500.00
	City WADESBORO State NC Zip Code 28170	
	Purpose of Disbursement CONTRIBUTION Candidate Name PRYOR GIBSON, III	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 69	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT RICHARD STEVENS	<b>Transaction ID:</b> SB29.12142 Date of Disbursement
	Mailing Address 132 LOCHWOOD WEST DRIVE	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City CARY State NC Zip Code 27511	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD STEVENS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 17 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/> <input type="text" value="011"/> Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT RIC KILLIAN	<b>Transaction ID:</b> SB29.12159 Date of Disbursement
	Mailing Address 16703 ANSLEY WALK LANE	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City CHARLOTTE State NC Zip Code 28277	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name RIC KILLIAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/> <input type="text" value="011"/> Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT ROBERT ATWATER	<b>Transaction ID:</b> SB29.12124 Date of Disbursement
	Mailing Address 2089 FARRINGTON POINT ROAD	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City CHAPEL HILL State NC Zip Code 27517	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name ROBERT ATWATER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/> <input type="text" value="011"/> Category/ Type

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

**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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT STAN BINGHAM <hr/> Mailing Address 292 NORTH MAIN STREE <hr/> City DENTON State NC Zip Code 27239 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name STAN BINGHAM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 33 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12127 Date of Disbursement 10 / 11 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT STEVE GOSS <hr/> Mailing Address 166 MORNINGSIDE DRIVE <hr/> City BOONE State NC Zip Code 28607 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name STEVE GOSS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 45 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12134 Date of Disbursement 10 / 11 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT THOMAS APODACA <hr/> Mailing Address P.O. BOX 1011 <hr/> City HENDERSONVILLE State NC Zip Code 28793 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name THOMAS APODACA Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 48 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12123 Date of Disbursement 10 / 11 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

**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 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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.	Full Name (Last, First, Middle Initial) COM.TO ELECT THOM TILLIS	Transaction ID: SB29.12172 Date of Disbursement
	Mailing Address 17209 GREEN DOLPHIN LANE	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code CORNELIUS NC 28031	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2750.00"/>
	Candidate Name THOM TILLIS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 98	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COM.TO ELECT TIM MOORE	Transaction ID: SB29.12166 Date of Disbursement
	Mailing Address 1417 MERRIMONT DRIVE	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code KINGS MOUNTAIN NC 28086	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name TIM MOORE	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COM.TO ELECT TONY FORIEST	Transaction ID: SB29.12132 Date of Disbursement
	Mailing Address 2211 QUAIL DRIVE	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code GRAHAM NC 27253	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name TONY FORIEST	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT WILLIAM MCGEE <hr/> Mailing Address 6102 ARDEN DRIVE <hr/> City CLEMMONS State NC Zip Code 27012 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name WILLIAM MCGEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 75 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.12163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 250.00
<b>B.</b>	Full Name (Last, First, Middle Initial) COM.TO ELECT WILLIAM WAINWRIGHT <hr/> Mailing Address P.O. BOX 941 <hr/> City HAVELOCK State NC Zip Code 28532-0941 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name WILLIAM WAINWRIGHT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.12173 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) NC SENATE REPUBLICAN COMMITTEE <hr/> Mailing Address 1506 HILLSBOROUGH STREET <hr/> City RALEIGH State NC Zip Code 27605 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.12176 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	45500.00