

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE OR CANDIDATE

Democratic Party of North Carolina

330204

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2. FEC IDENTIFICATION NUMBER

00216754

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

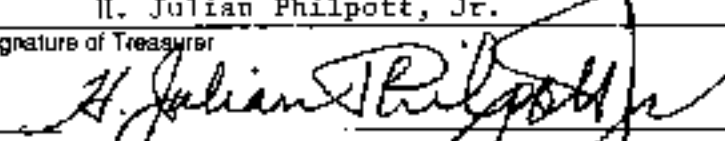
- Monthly Report Due On:
- February 20  June 20  October 20
- March 20  July 20  November 20
- April 20  August 20  December 20
- May 20  September 20  January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>7/1/94</u> through <u>9/30/94</u>		This Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 <u>94</u>		\$ 32,217.89
	(b) Cash on Hand at Beginning of Reporting Period	\$ 29,178.15	
	(c) Total Receipts (from Line 19)	\$ 3,179.50	\$ 4,394.04
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 32,357.65	\$ 36,611.93
7.	Total Disbursements (from Line 30)	\$ 3,228.60	\$ 7,482.88
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 29,129.05	\$ 29,129.05
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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  
W. Julian Philpott, Jr.

Signature of Treasurer  


Date  
10-13-94

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

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
North Carolina Farm Bureau Federation, Inc., Political Action Committee, Inc.		FROM 7/1/94	TO: 9/30/94
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A) .....		11(a)iii
ii.	Unitemized .....	2,862.00	2,993.00
iii.	Total .....	2,862.00	2,993.00
	(add i and ii) ▶		11(a)iii
b.	Political Party Committees .....		11(b)
c.	Other Political Committees (such as PACs) .....		11(c)
d.	Total Contributions .....	2,862.00	2,993.00
	(add a i, b and c) ▶		11(d)
12.	Transfers From Affiliated/Other Party Committees .....		12
13.	All Loans Received .....		13
14.	Loan Repayments Received .....		14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....		15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		16
17.	Other Federal Receipts (Dividends, Interest, etc.) .....	317.50	1,401.04
18.	Transfers from Nonfederal Account for Joint Activity .....		18
19.	Total Receipts .....	3,179.50	4,394.04
	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶		19
20.	Total Federal Receipts .....	3,179.50	4,394.04
	(subtract line 18 from line 19) ▶		20
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share .....		21(a)(i)
ii.	Non-Federal Share .....		21(a)(ii)
b.	Other Federal Operating Expenditures .....		21(b)
c.	Total Operating Expenditures .....		21(c)
	(add a i, a ii, and b) ▶		22
22.	Transfers to Affiliated/Other Party Committees .....		22
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	3,000.00	6,625.00
24.	Independent Expenditures (use Schedule E) .....		24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....		25
26.	Loan Repayments Made .....		26
27.	Loans Made .....		27
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees .....		28(a)
b.	Political Party Committees .....		28(b)
c.	Other Political Committees (such as PACs) .....		28(c)
d.	Total Contribution Refunds .....		28(d)
	(add a, b and c) ▶		
29.	Other Disbursements .....	228.60	857.88
30.	Total Disbursements .....	3,228.60	7,482.88
	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶		30
31.	Total Federal Disbursements .....	3,228.60	7,482.88
	(subtract line 21 a ii from line 30) ▶		31
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d) .....	2,862.00	2,993.00
33.	Total Contribution Refunds (from line 28d) .....	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	2,862.00	2,993.00
35.	Total Federal Operating Expenditures .....	-0-	-0-
	(add 21 a i and 21 b) ▶		35
36.	Offsets to Operating Expenditures (from line 15) .....	-0-	-0-
37.	Net Operating Expenditures .....	-0-	-0-
	(subtract line 36 from 35) ▶		37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 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. Political Action Committee, Inc.

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A. Full Name, Mailing Address and ZIP Code Branch Bank & Trust P.O. Box 27961 Raleigh, NC 27611	Name of Employer  Occupation Aggregate Year-to-Date > \$ 531.89	Date (month, day, year) 7-31-94 8-31-94 9-30-94	Amount of Each Receipt this Period 61.52 62.58 60.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Checking acct. interest</u>			
B. Full Name, Mailing Address and ZIP Code Internal Revenue Service Memphis, TN	Name of Employer  Occupation Aggregate Year-to-Date > \$ 869.15	Date (month, day, year) 7-01-94	Amount of Each Receipt this Period 133.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>1120 1993 Refund</u>			
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

**TOTAL** This Period (last page this line number only) ..... **317.50**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)** North Carolina Farm Bureau Federation, Inc., Political Action Committee, Inc.

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hefner for Congress Committee P.O. Box 3016 Concord, NC 28026	W. G. Hefner 8th District U.S. House Contribution YTD \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-94	500.00
Coble for Congress Committee P.O. Box 1177 Greensboro, NC 27499	Howard Coble 6th District U.S. House Contribution YTD \$500.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-94	500.00
Richard Moore for Congress P.O. Box 40 Oxford, NC 27565	Richard Moore 2nd District U.S. House Contribution YTD \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-23-94	1,000.00
NAIPAC Congressional Candidates Supportive of Agricultural Insurance Taxes 2600 River Road Des Plaines, IL 60018	Support Supportive of Agricultural Insurance Taxes Contribution YTD \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-23-94	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

3,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committees.

**NAME OF COMMITTEE (In Full)** North Carolina Farm Bureau Federation, Inc., Political Action Committee, Inc.

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Branch Bank & Trust P. O. Box 27961 Raleigh, NC 27611	Purchase Bank Deposit Slips YTD 128.20 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-94	98.92
Branch Bank & Trust P. O. Box 27961 Raleigh, NC 27611	Bank Service Charges YTD \$257.88 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-94	129.68
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

228.60

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED  
10/13/94

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED  
and/or DATE OF RECEIPT

*pkj*

*10/17/94*

PREPARER

DATE PREPARED

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