

# 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** CITY STATE ZIP CODE

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day Post -Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer H. Julian Philpott, Jr.

Signature of Treasurer Electronically Filed by H. Julian Philpott, Jr. Date 07 14 2008

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							
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FEC FORM 3X (Rev. 12/2004)

**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 FARM PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		50787.04
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	54837.04									
(c) Total Receipts (from Line 19) .....	37295.00	43845.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	92132.04	94632.04								
7. Total Disbursements (from Line 31) .....	13000.00	15500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	79132.04	79132.04								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	20470.00	24420.00
(i) Itemized (use Schedule A) .....	16825.00	19425.00
(ii) Unitemized .....	37295.00	43845.00
(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) .....	37295.00	43845.00
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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	37295.00	43845.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37295.00	43845.00

**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.....	13000.00	15500.00
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.....	0.00	0.00
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))..	13000.00	15500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	15500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	37295.00	43845.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37295.00	43845.00
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Matthew Adams		Date of Receipt
	Mailing Address PO Box 968		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lumberton	NC	28359
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	<b>Transaction ID:</b> SA11AI.5369
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="400.00"/>
		<input type="text" value="400.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Jerry Anderson		Date of Receipt
	Mailing Address 6180 Mill Pond Road		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lenoir	NC	28645
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	<b>Transaction ID:</b> SA11AI.5413
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="400.00"/>
		<input type="text" value="400.00"/>	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Jerry Anderson		Date of Receipt
	Mailing Address 6180 Mill Pond Road		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lenoir	NC	28645
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	<b>Transaction ID:</b> SA11AI.5414
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="400.00"/>
		<input type="text" value="800.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1200.00"/>
<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: (check only one)	PAGE 7 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Arrington	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 2809 Spring Forest Road	<b>Transaction ID:</b> SA11AI.5372
	City Raleigh State NC Zip Code 27616	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 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) Steve Arrington	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 2809 Spring Forest Road	<b>Transaction ID:</b> SA11AI.5374
	City Raleigh State NC Zip Code 27616	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Babb	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 608 N 13th St	<b>Transaction ID:</b> SA11AI.5597
	City Lillington State NC Zip Code 27546	Amount of Each Receipt this Period 440.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1240.00</b>
<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 8 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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) Robert Baker		Date of Receipt
	Mailing Address PO Box 6935		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Asheville	NC	28816
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11AI.5361 Amount of Each Receipt this Period <input type="text" value="300.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Phillip Beaman		Date of Receipt
	Mailing Address 135 Mountain Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Troy	NC	27371
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Marketing	Transaction ID: SA11AI.5591 Amount of Each Receipt this Period <input type="text" value="140.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Beasley		Date of Receipt
	Mailing Address PO Box 636		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dobson	NC	27017
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5360 Amount of Each Receipt this Period <input type="text" value="300.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="740.00"/>
<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: (check only one)	PAGE 9 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rodney Brown		Date of Receipt
	Mailing Address PO Box 8347		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rocky Mount	NC	27804
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5422
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) Keith Cable		Date of Receipt
	Mailing Address PO Box 6935		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Asheville	NC	28816
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="400.00"/>
Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Keith Cable		Date of Receipt
	Mailing Address PO Box 6935		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Asheville	NC	28816
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5564
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="440.00"/>	<input type="text" value="40.00"/>
Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="740.00"/>
<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: (check only one)	PAGE 10 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Clark		Date of Receipt
	Mailing Address PO Box 1329		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mars Hill	NC	28754
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5420
Name of Employer Self		Occupation Insurance Sales	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" value="400.00"/>
		<input type="text" value="400.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Coburn		Date of Receipt
	Mailing Address 2945 S Miami Blvd		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Durham	NC	27703
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5385
Name of Employer		Occupation	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" value="200.00"/>
		<input type="text" value="400.00"/>	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Cooper		Date of Receipt
	Mailing Address 2421 27th Avenue Circle NE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hickory	NC	28601
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5592
Name of Employer NC Farm Bureau Mutual Insurance		Occupation Marketing	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" value="300.00"/>
		<input type="text" value="300.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="900.00"/>
<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: (check only one)	PAGE 11 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory Corbett		Date of Receipt
	Mailing Address 167 Corbett Road		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Troy	NC	27371
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5473
Name of Employer Self		Occupation Insurance Sales	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" value="1000.00"/>
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Lenard Cox		Date of Receipt
	Mailing Address PO Box 6935		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Asheville	NC	28816
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5470
Name of Employer Self		Occupation Insurance Sales	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" value="400.00"/>
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Bryan Crook		Date of Receipt
	Mailing Address 300 Livingston Dr		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cary	NC	27513
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5479
Name of Employer NCFB Mutual Insurance Company		Occupation Claims 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" value="500.00"/>
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1900.00"/>
<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 12 / 26  
(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"/>	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 FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

**A.**

Full Name (Last, First, Middle Initial)  
Albert Davis

Mailing Address 4848 Forest Highland Drive

City Raleigh State NC Zip Code 27604

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

Name of Employer Self Occupation Insurance Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 26 / 2008

Transaction ID: SA11AI.5557

Amount of Each Receipt this Period 300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Desentz, Jr.

Mailing Address 261 Little Cohaire Ln

City Roseboro State NC Zip Code 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 04 / 24 / 2008

Transaction ID: SA11AI.5419

Amount of Each Receipt this Period 400.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dallas Dutcher

Mailing Address 20 13th Ave NW

City Hickory State NC Zip Code 28601

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 05 / 19 / 2008

Transaction ID: SA11AI.5480

Amount of Each Receipt this Period 400.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**TOTAL** 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 13 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Early		Date of Receipt
	Mailing Address 624 Davis Love Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 19 / 2008
	City	State	Zip Code
	Chapel Hill	NC	27517
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5486
Name of Employer Self		Occupation Insurance Marketing	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) J A Easley		Date of Receipt
	Mailing Address 5207 Millstone Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2008
	City	State	Zip Code
	Oak Ridge	NC	27310
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5593
Name of Employer		Occupation	Amount of Each Receipt this Period 340.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Ellenberg		Date of Receipt
	Mailing Address PO Box 1987		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 18 / 2008
	City	State	Zip Code
	Leland	NC	28451
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5368
Name of Employer Self		Occupation Insurance Sales	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1140.00</b>
<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 14 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Fuller, Jr.		Date of Receipt
	Mailing Address 3940 High Rock Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Gibsonville	NC	27249
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5474
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 400.00
		<input type="text"/> 400.00	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Terry Gilmore		Date of Receipt
	Mailing Address Po Box 2008		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Asheboro	NC	27204
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5472
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 400.00
		<input type="text"/> 400.00	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Jay Ham		Date of Receipt
	Mailing Address 867 Dyke Smith Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 4 / 2 0 0 8
	City	State	Zip Code
	La Grange	NC	28551
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5364
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 800.00
		<input type="text"/> 800.00	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1600.00
<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: (check only one)	PAGE 15 / 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Eddie Holland		Date of Receipt
	Mailing Address 566 Smith Road		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Maysville	NC	28555
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	<b>Transaction ID:</b> SA11AI.5484
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="400.00"/>
		<input type="text" value="400.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dwight Hudson		Date of Receipt
	Mailing Address 706 Walkingstick Trail		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Clinton	NC	28328
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	<b>Transaction ID:</b> SA11AI.5423
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Jackson		Date of Receipt
	Mailing Address 563 White's Crossing Lane		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Whiteville	NC	28472
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	<b>Transaction ID:</b> SA11AI.5371
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="400.00"/>
		<input type="text" value="400.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1100.00"/>
<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: (check only one)	PAGE 16 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Trina Joyce		Date of Receipt
	Mailing Address 3047 S Church Street		<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
	Burlington	NC	27215
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5468
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Insurance Marketing	<input type="text"/> 400.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) John Kilby		Date of Receipt
	Mailing Address 164 Neighborly Drive		<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
	Lake Lure	NC	28746
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5490
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Insurance Sales	<input type="text"/> 300.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Alan Lail		Date of Receipt
	Mailing Address 6415 Hayden Drive North East		<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
	Hickory	NC	28601
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5359
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Insurance Sales	<input type="text"/> 400.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1100.00
<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: (check only one)	PAGE 17 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia McClellan		Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 9001 Polbida Drive		<b>Transaction ID:</b> SA11AI.5562
	City Wake Forest	State NC	Zip Code 27587
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
	Name of Employer NCFB Mutual Insurance	Occupation Broker	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) Michael McDaniel		Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 703 West Lane St		<b>Transaction ID:</b> SA11AI.5560
	City Raleigh	State NC	Zip Code 27603
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
	Name of Employer Self	Occupation Attorney	Contribution
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) Octavius Murphy		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3272 Grandview Club Road		<b>Transaction ID:</b> SA11AI.5596
	City Pfafftown	State NC	Zip Code 27040
	FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	1200.00
<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: PAGE 18 / 26  
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address PO Box 732

City Marle State NC Zip Code 28905

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: SA11AI.5589  
Amount of Each Receipt this Period: 110.00  
Contribution

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

Mailing Address 1222 Sequoia Drive

City Lewisville State NC Zip Code 27023

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 26 / 2008  
Transaction ID: SA11AI.5561  
Amount of Each Receipt this Period: 400.00  
Contribution

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

Mailing Address 247 Summertime Road

City Fayetteville State NC Zip Code 28303

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

Name of Employer Self Occupation Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 19 / 2008  
Transaction ID: SA11AI.5489  
Amount of Each Receipt this Period: 400.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 910.00

**TOTAL** 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 19 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Rogerson		Date of Receipt
	Mailing Address 28 Wilson Road		<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
	Elizabethtown	NC	28337
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5482
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Insurance Sales	<input type="text"/> 400.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Sidney Sauls		Date of Receipt
	Mailing Address 10579 NC 50 North		<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
	Angier	NC	27501
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5418
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Insurance Sales	<input type="text"/> 400.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) James Sawyer		Date of Receipt
	Mailing Address 210 Queens Cove Way		<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
	Whispering Pines	NC	28327
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5365
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Insurance Sales	<input type="text"/> 400.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1200.00
<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: (check only one)	PAGE 20 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Sawyer		Date of Receipt
	Mailing Address 210 Queens Cove Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2008
	City	State	Zip Code
	Whispering Pines	NC	28327
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5433
Name of Employer Self		Occupation Insurance Sales	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 ▼ 500.00	<input type="text"/> 100.00
Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mike Sheehan		Date of Receipt
	Mailing Address 1104 Memorial Hwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 26 / 2008
	City	State	Zip Code
	Lake Lure	NC	28746
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5558
Name of Employer NC Farm Bureau Mutual Insuranc		Occupation Marketing	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 ▼ 300.00	<input type="text"/> 300.00
Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Lee Smith		Date of Receipt
	Mailing Address 207 Sunset St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 24 / 2008
	City	State	Zip Code
	Newton Grove	NC	28366
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5417
Name of Employer Self		Occupation Insurance Sales	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 ▼ 400.00	<input type="text"/> 400.00
Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 800.00
<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: (check only one)	PAGE 21 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Smith	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 1520 Asheville Road	<b>Transaction ID:</b> SA11AI.5366
	City State Zip Code Waynesville NC 28786	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Self Occupation Insurance 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) Ken Stone	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 114 Bridgewater Drive	<b>Transaction ID:</b> SA11AI.5469
	City State Zip Code Advance NC 27006	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 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) Doug Tetter	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 355 London Road	<b>Transaction ID:</b> SA11AI.5375
	City State Zip Code Mooresville NC 28115	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 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>1100.00</b>
<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 22 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wanda Veazey		Date of Receipt
	Mailing Address 108 Racquet Lane		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Statesville	NC	28625
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5362
Name of Employer		Occupation	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" value="400.00"/>
		<input type="text" value="400.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) A W Watkins		Date of Receipt
	Mailing Address 2923 Polenta Road		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Clayton	NC	27520
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5415
Name of Employer		Occupation	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" value="400.00"/>
		<input type="text" value="400.00"/>	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Allan Williams		Date of Receipt
	Mailing Address 2923 Appling Way		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Durham	NC	27703
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5545
Name of Employer NCFB Mutual Insurance Co		Occupation Marketing	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" value="100.00"/>
		<input type="text" value="300.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="900.00"/>
<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: (check only one)	PAGE 23 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronnie Williams		Date of Receipt
	Mailing Address PO Box 430		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Carthage	NC	28327
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5378 Amount of Each Receipt this Period <input type="text" value="400.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Willis, Jr.		Date of Receipt
	Mailing Address 1113 Bilbury Court		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Raleigh	NC	27614
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5595 Amount of Each Receipt this Period <input type="text" value="400.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd Yates		Date of Receipt
	Mailing Address 5105 Clairemont Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Brown Summit	NC	27214
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5471 Amount of Each Receipt this Period <input type="text" value="400.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1200.00"/>
<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 24 / 26	
	(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 FARM PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Ziglar		Date of Receipt																					
	Mailing Address 1008 Lissa Anne Lane		<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>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	8		2	0	0	8														
	City State Zip Code Winston-Salem NC 27104		<b>Transaction ID:</b> SA11AI.5377																					
	FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20470.00



**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 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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DOLE FOXF COMMITTEE</b>	<b>Transaction ID:</b> SB23.5532 Date of Disbursement 05 / 09 / 2008
	Mailing Address 709 HILLSBOROUGH STREET	Amount of Each Disbursement this Period 1000.00
	City RALEIGH	State NC
	Zip Code 27603	Purpose of Disbursement CONTRIBUTION 011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name <b>DOLE FOXF COMMITTEE</b>
State: District: 05		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ROBERT C (ROBIN) HAYES</b>	<b>Transaction ID:</b> SB23.5531 Date of Disbursement 05 / 29 / 2008
	Mailing Address P.O. Box 2000	Amount of Each Disbursement this Period 5000.00
	City Concord	State NC
	Zip Code 28026	Purpose of Disbursement Contribution 011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name <b>ROBERT C (ROBIN) HAYES</b>
State: NC District: 08		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>WALTER B JONES</b>	<b>Transaction ID:</b> SB23.5600 Date of Disbursement 04 / 08 / 2008
	Mailing Address 302 HILLCREST DR	Amount of Each Disbursement this Period 1000.00
	City FARMVILLE	State NC
	Zip Code 27828	Purpose of Disbursement Contribution 011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name <b>WALTER B JONES</b>
State: NC District: 03		

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

7000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) SUE MYRICK	Transaction ID: SB23.5601 Date of Disbursement 04 / 25 / 2008
	Mailing Address P. O. Box 37091	Amount of Each Disbursement this Period 1000.00
	City CHARLOTTE State NC Zip Code 28237	
	Purpose of Disbursement Contribution Candidate Name SUE MYRICK	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)	Transaction ID: SB23.5530 Date of Disbursement 05 / 27 / 2008
	Mailing Address 2600 South River Road	Amount of Each Disbursement this Period 5000.00
	City Des Plaines State IL Zip Code 60018	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6000.00

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

13000.00