

RECEIVED  
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2003 Aug 1 A 9:58

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FB491E

NORTH GAROLLYA HARM BUREAU FEDERATION INC  
POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street)

5391 GLENWOOD AVENUE



Check if different than previously reported. (ACC)

RALEIGH NC 27612

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 000216754

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 Year-End 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

Month

Day

Year

in the State of

State

(d) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

Month

Day

Year

in the State of

State

5. Covering Period

01

01

2003

through

06

30

2003

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 Philippart, Jr.

Signature of Treasurer

*H. Julian Philippart, Jr.*

Date

07

22

2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 547g.

Office Use Only

FEC FORM 3X  
(Rev. 02/2003)

**SUMMARY PAGE**  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NORTH CAROLINA FARM BUREAU FEDERATION, INC. POLITICAL ACTION COMMITTEE, INC.

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
a. (b) Cash on Hand January 1, <input type="text" value="2003"/>		<input type="text" value="605912"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="605912"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2790220"/>	<input type="text" value="2790220"/>
(d) Subtotal (add Lines (b) and (c) for Column A and Lines (a) and (c) for Column B)	<input type="text" value="3396132"/>	<input type="text" value="3396132"/>
7. Total Disbursements (from Line 31)	<input type="text" value="685360"/>	<input type="text" value="685360"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line (d))	<input type="text" value="2710792"/>	<input type="text" value="2710792"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="000"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="000"/>	

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

**For further information contact:**

Federal Election Commission  
950 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-594-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NORTH CAROLINA FARM BUREAU FEDERATION, INC. POLITICAL ACTION COMMITTEE, INC.

Report Covering the Period:

From:

01 01 2003

To:

06 30 2003

**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) .....

3,300.00

(ii) Unitemized .....

2,487.23

(iii) TOTAL (add

Lines 11(a)(i) and (ii)) .....

2,787.23

2,787.23

(b) Political Party Committees .....

(c) Other Political Committees (such as PACs) .....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....

2,787.23

2,787.23

12 Transfers From Affiliated/Other Party Committees .....

13 All Loans Received .....

14 Loan Repayments Received .....

15 Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....

16 Refunds of Contributions Made to Federal Candidates and Other Political Committees .....

17 Other Federal Receipts (Dividends, Interest, etc.) .....

299.00

299.00

18 Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b)) .....

19 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....

2,790.22

2,790.22

20 Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

2,790.22

2,790.22

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total Time Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(s) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(s)(i), (s)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	6,800.00	6,800.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individual/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....	534.00	534.00
30. Federal Election Activity (2 U.S.C. §431(2))		
(a) Allocated Federal Election Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6,853.40	6,853.40
32. Total Federal Disbursements (subtract Line 21(s)(ii) and Line 30(a)(ii) from Line 31) .....	6,853.40	6,853.40

20030203 11:00 AM 23038170610

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

E. 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) .....	2,787,230	2,787,230
34. Total Contribution Refunds (from Line 28(d)) .....	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,787,230	2,787,230
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	000	000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	000	000

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

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

FOR LINE NUMBER:		PAGE 1 OF 2	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.  
POLITICAL ACTION COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)  
**A. SAULS, SIDNEY**

Mailing Address  
**10579 NC 50 NORTH**

City **ANGLER** State **NC** Zip Code **27501**

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: **3,000.00**

Date of Receipt: **04 16 2003**

Amount of Each Receipt this Period: **3,000.00**

Full Name (Last, First, Middle Initial)  
**B. McCRACKEN, ROBERT**

Mailing Address  
**PO BOX 1945**

City **REIDSVILLE** State **NC** Zip Code **27329**

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: **2,500.00**

Date of Receipt: **04 16 2003**

Amount of Each Receipt this Period: **2,500.00**

Full Name (Last, First, Middle Initial)  
**C. PENNINGTON, JOHN**

Mailing Address  
**PO BOX 906**

City **GRAHAM** State **NC** Zip Code **27253**

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: **5,500.00**

Date of Receipt: **04 16 2003**

Amount of Each Receipt this Period: **5,500.00**

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_ ▶

YEARLY 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 2 OF 3	
<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"/> 17

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION, INC.**  
**POLITICAL ACTION COMMITTEE, INC.**

Full Name (Last, First, Middle Initial) <b>A. CABLE, KELTH</b>		Date of Receipt 04 / 16 / 2003	
Mailing Address PO BOX 6935		Amount of Each Receipt this Period 40000	
City ASHEVILLE	State NC	Zip Code 28816	
FEC ID number of contributing federal political committee C			
Name of Employer SELF	Occupation INSURANCE SALES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 40000		

Full Name (Last, First, Middle Initial) <b>B. ATWELL, SCOTT</b>		Date of Receipt 04 / 15 / 2003	
Mailing Address 135 ATWELL FARM LANE		Amount of Each Receipt this Period 40000	
City MOORESVILLE	State NC	Zip Code 28115	
FEC ID number of contributing federal political committee C			
Name of Employer SELF	Occupation INSURANCE SALES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 40000		

Full Name (Last, First, Middle Initial) <b>C. ELLENBURG, MARK</b>		Date of Receipt 04 / 16 / 2003	
Mailing Address PO BOX 1090		Amount of Each Receipt this Period 30000	
City LELAND	State NC	Zip Code 28451	
FEC ID number of contributing federal political committee C			
Name of Employer SELF	Occupation INSURANCE SALES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 30000		

SUBTOTAL of Receipts This Page (optional)	
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 3 OF 3
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 17
	<input type="checkbox"/> 11b	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 15
	<input type="checkbox"/> 11d	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full) **NORTH CAROLINA FARM BUREAU FEDERATION, INC.  
POLITICAL ACTION COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)  
**A. NYCAMP, JR., DWAYNE**

Mailing Address  
**PO BOX 1500**

City **HENDERSON** State **NC** Zip Code **27536**

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 **4,000.00**

Date of Receipt: **04/16/2003**

Amount of Each Receipt this Period: **4,000.00**

Full Name (Last, First, Middle Initial)  
**B. CROOM, LES**

Mailing Address  
**PO BOX 685**

City **WHITEVILLE** State **NC** Zip Code **28472**

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 **4,000.00**

Date of Receipt: **04/30/2003**

Amount of Each Receipt this Period: **4,000.00**

Full Name (Last, First, Middle Initial)  
**C. CORBETT, GREGORY**

Mailing Address  
**167 CORBETT ROAD**

City **TROY** State **NC** Zip Code **27371**

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 **3,000.00**

Date of Receipt: **05/07/2003**

Amount of Each Receipt this Period: **3,000.00**

SUBTOTAL of Receipts This Page (optional) **11,000.00**

TOTAL This Period (next page this line number only) **11,000.00**



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

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

FOR LINE NUMBER:		PAGE 1 OF 1	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 51c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) **NORTH CAROLINA FARM BUREAU FEDERATION, INC.  
POLITICAL ACTION COMMITTEE, INC.**

**A.** Full Name (Last, First, Middle Initial) **B B & T**

Mailing Address  
**PO BOX 27961**

City **RALEIGH** State **NC** Zip Code **27612**

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) **CHECKING INTEREST**

Aggregate Year-to-Date **2,990**

Date of Receipt: **06/30/2003**

Amount of Each Receipt this Period: **2,990**

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Amount of Each Receipt this Period: \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Amount of Each Receipt this Period: \_\_\_\_\_

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) **2,990**

**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 1 OF 2

21b  22  23  24  25  26  
 27  28a  28b  29  30b

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NAME OF COMMITTEE (in full) **NORTH CAROLINA FARM BUREAU FEDERATION, INC.  
POLITICAL ACTION COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A.**  
**WALTER JONES FOR CONGRESS COMMITTEE**  
Mailing Address  
**BOX 99667**  
City **RALPHIGH** State **NC** Zip Code **27624**  
Purpose of Disbursement  
**CONTRIBUTION YTD \$500.00**  
Candidate Name  
**WALTER JONES**  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

04 / 17 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**  
**NALL PAC**  
Mailing Address  
**2600 RIVOR ROAD**  
City **DES PLAINES** State **IL** Zip Code **60018**  
Purpose of Disbursement  
**CONTRIBUTION YTD \$5000.00**  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) **PAC COMMITTEE**

Date of Disbursement

05 / 02 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**  
**BRAD MILLER FOR CONGRESS**  
Mailing Address  
**721 BOUNDARY AVENUE**  
City **SILVER SPRING** State **MD** Zip Code **20910**  
Purpose of Disbursement  
**CONTRIBUTION YTD \$1000.00**  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

06 / 11 / 2003

Amount of Each Disbursement this Period

1000.00

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 2 OF 2	
	<input type="checkbox"/> 21a	<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"/> 28

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NAME OF COMMITTEE (in Full) **NORTH CAROLINA FARM BUREAU FEDERATION, INC.  
POLITICAL ACTION COMMITTEE, INC.**

**A.**

Full Name (Last, First, Middle Initial) **ELAINE MARSHALL CAMPAIGN**

Mailing Address **PO BOX 27288**

City **RALEIGH** State **NC** Zip Code **27611**

Purpose of Disbursement **CONTRIBUTION YTD \$300.00**

Candidate Name **ELAINE MARSHALL**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General 2002  Other (specify) **DEBT RETIREMENT**

State: **NC** District:

Date of Disbursement: **06/11/2003**

Amount of Each Disbursement this Period: **0.00**

Category/Type: **011**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State District

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State District

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) **0.00**

TOTAL This Period (last page this line number only) **0.00**

20030611 10:03 AM

**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 1 OF 1

<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"/> 30a

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NAME OF COMMITTEE (in full) **NORTH CAROLINA FARM BUREAU FEDERATION, INC.  
POLITICAL ACTION COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**A.**

**B. B. & T.**

Mailing Address

PO BOX 27961

City

RALPHIGH

State

NC

Zip Code

27612

Purpose of Disbursement

BANK SERVICE CHARGE YTD \$53.40

Candidate Name

0.01

Category/Type

Amount of Each Disbursement this Period

53.40

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

BANK FESS

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

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

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

53.40

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7/23/03
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>na</i> PREPARER	8/1/03 DATE PREPARED